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## INTRODUCTION

The **AvMed Miami-Dade County Medication Formulary** was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **AvMed Miami-Dade County Medication Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **AvMed Miami-Dade County Medication Formulary** and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **AvMed Miami-Dade County Medication Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **AvMed Miami-Dade County Medication Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>, on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

The **AvMed Miami-Dade County Medication Formulary** is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht). AvMed welcomes your input and feedback on the [information provided in this document](#).

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DEFINITIONS

**Brand Medication** - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed. AvMed delegates determination of Generic/Brand status to our Pharmacy Benefits Manager.

**Brand Additional Charge** - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

**Generic Medication** - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

**Maintenance Medication** - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

**Participating Pharmacy** - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy.

**Preferred Medication List** - The listing of preferred medications based on clinical efficacy, relative safety and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

**Prescription Medication** - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

**Prior Authorization** - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht) to obtain a Medication Exception Request Form (MER).

**Progressive Medication Program (Step Therapy)** - Medications included in this program require trial of a first-line medication in order for a second-line medication to be covered under your pharmacy benefit. (Coverage for a third-line medication requires trial of one or more first-line **AND** second-line medications.) If for medical reasons you cannot use the first-line medication and require a second-line or third-line medication, your prescriber may request a prior authorization for you to have this medication covered. Certain medications may be grandfathered in for members who are controlled on a second-line or third-line medication.

**Self-Administered Injectable Medication** - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except Insulin.

**Specialty Medication** - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The Copayment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

**Quantity Limit** - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, a prior authorization will be required.

## **BENEFIT COVERAGE AND LIMITATIONS**

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the ***AvMed Miami-Dade County Medication Formulary***. You may contact AvMed's Member Services Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment in the event that either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

## **Coverage**

Your prescription medication coverage includes medications that require a prescription, are filled by an AvMed network pharmacy, and are prescribed by your AvMed provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a medication for the listed copay. Your prescription may be refilled via retail or mail service after 75% of your previous fill has been used, and is subject to a maximum of 13 refills per year. You also have the opportunity to obtain a 90-day supply of medications used for chronic conditions including, but not limited to, asthma, cardiovascular disease, and diabetes from the retail pharmacy for the applicable copay per 30-day supply. However, prior authorization may be required for certain covered medications.

Your mail-service prescription medication coverage includes up to a 90-day supply of a routine maintenance medication for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits. Therefore, it is important that you only utilize this option for maintenance medications.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The Copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate Copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply. If applicable to your specific prescription benefits, specialty products will be covered as a specialty copayment.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

## **Prior Authorization Process**

The prior authorization process requires the practitioner to provide information to support a requested exception request. These authorization requests must be submitted to AvMed by fax to 877-535-1391 using the Medication Exception Request Form. The Medication Exception Request Form is available at: <https://www.avmed.org/documents/20182/653919/Commercial+Medication+Exception+Request+Form/7f63dae5-5531-4354-9671-de967dc961d5>.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. Coverage determinations will be made within 1-2 business days if authorization is deemed urgent and within 3-5 business days if identified as standard or routine.

## **Member Initiated Prior Authorization Process**

Members may request a prior authorization by directly contacting member services at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the member services department. Members may also initiate the prior authorization process (Medication Exception) by logging into AvMed.org and then clicking the link "Prescription Info".

## **Quantity Limit Exception**

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization as described above.

## **Progressive Medication Program (Step Therapy)**

Medications included in this program require a trial of one or more first and/or second-line medications in order for the requested medication to be covered under the pharmacy benefit. If, for medical reasons, the member cannot use the first and/or second -line medication, the prescriber should request a prior authorization as described above.

## **Non-Formulary Medication Requests**

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying all of the following: statement of medical necessity; specific details of contraindications to ALL other formulary alternatives; AND therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the PRESCRIBER through the prior authorization process as described above.

## **Tier Description**

Each copay tier is assigned an established copayment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific copayments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

- **Tier 1 - (Generics)** - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decided they are appropriate to treat your condition.
- **Tier 2 - (Preferred Brands)** - These are preferred brand- or high cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
- **Tier 3 - (Non-Preferred Brands and Specialty Medications)** - These are non-preferred brand- or non-preferred generic medications or specialty medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment. Distribution of specialty medications is limited to our specialty pharmacy.
- **Specialty Medications** - These are brand- or generic-name specialty medications or high cost medications and are typically the highest out-of-pocket expense which may apply to specific prescription benefits. Distribution of specialty medications is limited to our specialty pharmacy.

## **Common Medical Exclusions**

Due to employer chosen benefit design parameters, there could be certain medication classes that are excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications that are specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (or OTC) medications or their equivalents unless otherwise specified in the medication formulary listing
- Investigational or experimental medication products, or any medication product used in an experimental manner (except as required by Florida statute)
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA)
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill
- Fertility drugs
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals, except prenatal vitamins
- Nutritional supplements and Medical Foods
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss

- Compounded prescriptions, except pediatric preparations
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations; allergy serums; medical supplies, including therapeutic devices, dressings, appliances, and support garments; medications administered by the attending physician to treat an acute phase of an illness; and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

### Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the generic copay plus the Brand Additional Charge.

### Health Care Reform - Preventive Medications

The Patient Protection and Affordable Care Act that was recently passed allows members to receive preventive, evidence-based items and services at no cost to the member with certain stipulations. These items and services include, but are not limited to, certain medications including: fluoride products for members 5 years of age and under, aspirin for men 50 years of age and older, aspirin for females 12 years of age and older, folic acid for women of childbearing age, iron products for infants age 6 months to 11 months, vitamin D (over-the-counter) products for members 65 years of age or older, certain contraceptives and contraceptive devices for women (see chart below), and tobacco cessation medications (see chart below).

Some of the limitations for receiving these medications at no cost to the member require that: (1) a prescription is required, and (2) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

Contraceptive Type	Examples	Cost Share
Oral Generics	(multiple)	<b>No cost share</b>
Non-Oral and OTC	etonogestrel/EE ring, norelgestromin/EE, condoms, diaphragms, etc.	<b>No cost share.</b> OTCs require a prescription for coverage.
Other Contraceptive Methods	IUDs, Depo-Provera	<b>No cost share</b> - these are covered under the Medical Benefit because they are administered by a health care professional.
Oral Brands with no Generic	Lo Loestrin Fe	<b>No cost share</b>
Oral Brands with Generics	Loestrin Fe, Estrostep Fe, Ortho-Novum 7/7/7	<b>Tier 3 Copay plus</b> brand penalty - can request no cost share if Prior Authorization submitted and medical necessity is established.

### Tobacco Cessation Coverage and Cost Share Policy:

Medication Type	Examples	Cost Share
Oral, prescription only	Bupropion SR, Chantix	<b>No cost share.</b> Limit of 168 days' supply per year.
Non-prescription / OTC	Nicotrol inhalers or nasal spray; generic nicotine	<b>No cost share.</b> Limit of 168 days' supply per year. Prescription from doctor required.



	patches, gums, lozenges	
Brands with Generics	Nicorette, Nicoderm CQ	<b>Not covered.</b> Only the generic equivalents are covered.

## TRANSITION OF CARE

The Transition-of-Care Form has been developed for newly enrolled members with AvMed Health Plans who require assistance with transition of care from their previous insurance carrier and their providers. The information provided on this form will help allow for a smooth transition of your medical care to AvMed providers. If any of the medications listed on the Transition-of-Care Form are within our Progressive Medication Program or Prior Authorization Program, AvMed will reach out to your provider/pharmacy to obtain the necessary information. If you have fulfilled the requirements of these programs, an authorization will be placed in the system to allow you to continue to get these medications.

## HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as the Tier 1 copay or Tier 2 copay. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 medication, you may want to discuss with your doctor other medication alternatives that are on a lower copay tier.

## MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified copayment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for members, especially when filling prescriptions for routine or maintenance type medications. The convenience of mail service may also help members stay compliant with their medications. Simply write the prescription(s) for a 90-day supply and have the member submit it with their mail-service request forms to the address listed on the Mail Service Order Form. Members can print the request forms from our website at [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht). Medications ordered and processed through mail service are typically mailed to the member via U.S. regular mail. Please advise members to allow up to 14 days for delivery from the time mail service receives the request. (Note: Per federal and/or state law, some controlled substance medications are not available through mail service, with the exception of some Schedule III, IV and V medications.) Any prescriptions submitted to mail service for less than a 90-day supply may be returned to the member.

We also offer a program called **FastStart**<sup>®</sup>, a streamlined process that encourages members to set up mail service delivery. At the member's request, a CVS Caremark<sup>®</sup> pharmacist will fax or call your office to get a prescription for your patient. It's that easy. The member can call 888-963-7290 to initiate mail service through FastStart.

## MEDICATIONS PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are packaged, dispensed and sold as a 90-day supply. Members' prescribed medications packaged as such will be charged the applicable tier copayment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Members will still SAVE money when purchasing drugs packaged as 90-day supplies because they are paying less than three retail copayments for a 90-day supply of medication. Examples of medications packaged as 90-day supplies include: Estrin, Femring, etonogestrel/EE ring, levonorgestrel/EE 0.15/30 and EE 10. Please consult our website for an up-to-date list of medications or call Member Services at the number on the back of your ID card for more information on coverage.

## CONTACT INFORMATION

The **AvMed Miami-Dade County Medication Formulary** is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective agents. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Services Department by calling the number listed on the back of your card.

For additional information, please visit our website at: [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht).

## LEGEND

<b>MN-PA</b>	Medical Necessity - Prior Authorization
<b>OTC</b>	Over the counter
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty drug (specialty copayment may apply for certain prescription benefits)
<b>ST</b>	Step Therapy
Brand	Brand products are listed in capitals.
Generic	Generic products are listed in lowercase italics.

## NOTICE

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**When viewing the *AvMed Miami-Dade County Medication Formulary* via the Internet, please be advised that the *AvMed Miami-Dade County Medication Formulary* is updated periodically and changes may appear prior to their effective date to allow for client notification.**

**Drug Name Drug Tier Requirements/Limits**  
**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS**

**AMPHETAMINES**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (3 caps / 1 day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	Tier 1	QL (4 caps / 1 day)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	Tier 1	QL (20 mL / 1 day)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>procentra soln 5mg/5ml</i>	Tier 1	QL (20 mL / 1 day)
VYVANSE CAPS 10mg	Tier 3	QL (30 caps / 30 days)
VYVANSE CAPS 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	Tier 3	QL (1 cap / 1 day)
VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Tier 3	QL (1 tab / 1 day)
<i>zenzedi tabs 5mg, 10mg</i>	Tier 1	QL (6 tabs / 1 day)

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Tier 1	QL (1 cap / 1 day)
<i>clonidine hcl (adhd) tb12 .1mg</i>	Tier 1	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Tier 1	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QELBREE CP24 100mg, 150mg, 200mg	Tier 2	QL (2 caps / 1 day)

### **STIMULANTS - MISC.**

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Tier 1	QL (1 tab / 1 day)
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	Tier 3	QL (1 patch / 1 day)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Tier 1	QL (1 cap / 1 day)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	Tier 1	QL (90 tabs / 1 day)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Tier 1	QL (1 cap / 1 day)
<i>methylphenidate hcl soln 5mg/5ml, 10mg/5ml</i>	Tier 1	QL (15 mL / 1 day)
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>methylphenidate hcl tb24 18mg, 27mg, 54mg; tbc 18mg, 27mg, 54mg</i>	Tier 1	QL (1 tab / 1 day)
<i>methylphenidate hcl tb24 36mg; tbc 10mg, 20mg, 36mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>modafinil tabs 100mg, 200mg</i>	Tier 1	QL (2 tabs / 1 day)
QUILLIVANT XR SRER 25mg/5ml	Tier 3	QL (12 mL / 1 day)

### **AMINOGLYCOSIDES**

#### **AMINOGLYCOSIDES**

<i>neomycin sulfate tabs 500mg</i>	Tier 1	
<i>paromomycin sulfate caps 250mg</i>	Tier 1	
TOBI PODHALER CAPS 28mg	Tier 2	SP
<i>tobramycin nebu 300mg/5ml</i>	Tier 1	SP, QL (10 mL / 1 day)

### **ANALGESICS - ANTI-INFLAMMATORY**

#### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml	Tier 3	SP, PA
HUMIRA PSKT 40mg/0.8ml	Tier 3	SP, PA, QL (2.4 injections / 30 days)
HUMIRA PEDIA INJ CROHNS	Tier 3	SP, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Tier 3	SP, PA
HUMIRA PEN PNKT 40mg/0.4ml, 80mg/0.8ml	Tier 3	SP, PA
HUMIRA PEN PNKT 40mg/0.8ml	Tier 3	SP, PA, QL (2 pens / 30 days)
HUMIRA PEN KIT PS/UV	Tier 3	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	Tier 3	SP, PA, QL (2 pens / 30 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	Tier 3	SP, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Tier 3	SP, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Tier 3	SP, PA, QL (2 pens / 30 days)

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

RINVOQ TB24 15mg, 30mg	Tier 3	SP, PA
XELJANZ SOLN 1mg/ml; TABS 10mg	Tier 3	SP, PA
XELJANZ XR TB24 11mg	Tier 3	SP, PA, QL (1 tab / 1 day)
XELJANZ XR TB24 22mg	Tier 3	SP, PA

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	Tier 3	SP, PA
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### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<i>cataflam tabs 50mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	Tier 1	QL (2 caps / 1 day)
<i>diclofenac potassium tabs 50mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>diclofenac sodium tb24 100mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ec-naproxen tbec 375mg, 500mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>etodolac caps 200mg</i>	Tier 1	QL (4 caps / 1 day)
<i>etodolac caps 300mg</i>	Tier 1	QL (3 caps / 1 day)
<i>etodolac tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>fenoprofen calcium caps 400mg</i>	Tier 1	
<i>fenoprofen calcium tabs 600mg</i>	Tier 1	QL (5 tabs / 1 day)
<i>flurbiprofen tabs 50mg, 100mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>ibu tabs 400mg, 600mg, 800mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	Tier 1	QL (4 tabs / 1 day)
INDOCIN SUPP 50mg	Tier 2	QL (4 supp / 1 day)
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	Tier 1	QL (4 caps / 1 day)
<i>ketoprofen caps 75mg</i>	Tier 1	
<i>ketoprofen cp24 200mg</i>	Tier 1	QL (1 cap / 1 day)
<i>ketorolac tromethamine tabs 10mg</i>	Tier 1	QL (20 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclofenamate sodium caps 50mg, 100mg</i>	Tier 3	
<i>mefenamic acid caps 250mg</i>	Tier 1	QL (1 cap / 1 day)
<i>meloxicam tabs 7.5mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>meloxicam tabs 15mg</i>	Tier 1	QL (1 tab / 1 day)
<i>nabumetone tabs 500mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>nabumetone tabs 750mg</i>	Tier 1	QL (3 tabs / 1 day)
NALFON CAPS 400mg	Tier 3	
<i>naproxen susp 125mg/5ml</i>	Tier 1	QL (16 mL / 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>naproxen tabs 250mg, 375mg, 500mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>naproxen tbec 375mg, 500mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>naproxen sodium tabs 275mg, 550mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>naproxen sodium tb24 375mg, 500mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>naproxen sodium tb24 750mg</i>	Tier 1	
<i>oxaprozin tabs 600mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>piroxicam caps 10mg, 20mg</i>	Tier 1	
<i>relafen tabs 500mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>relafen tabs 750mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>sulindac tabs 150mg, 200mg</i>	Tier 1	

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TABS 30mg	Tier 3	SP, PA, QL (2 tabs / 1 day)
OTEZLA TAB 10/20/30	Tier 3	SP, PA, QL (2 tabs / 1 day)

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide tabs 10mg, 20mg</i>	Tier 1	
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#### **SELECTIVE COSTIMULATION MODULATORS**

ORENCIA SOSY 125mg/ml	Tier 3	SP, MN-PA
ORENCIA CLICKJECT SOAJ 125mg/ml	Tier 3	SP, MN-PA

#### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL SOLN 25mg/0.5ml	Tier 3	SP, PA, QL (8 vials / 30 days)
ENBREL SOLR 25mg	Tier 3	SP, PA, QL (4 syringes / 30 days)
ENBREL SOSY 25mg/0.5ml	Tier 3	SP, PA
ENBREL SOSY 50mg/ml	Tier 3	SP, PA, QL (67 syringes / 30 days)
ENBREL MINI SOCT 50mg/ml	Tier 3	SP, PA
ENBREL SURECLICK SOAJ 50mg/ml	Tier 3	SP, PA, QL (4 pens / 30 days)

#### **ANALGESICS - NONNARCOTIC**

##### **ANALGESIC COMBINATIONS**

<i>bac</i>	Tier 1	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (8 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>esgic</i>	Tier 3	QL (6 caps / 1 day)
<i>tencon</i>	Tier 1	QL (8 tabs / 1 day)
<i>vtol lq</i>	Tier 1	
<i>zebutal</i>	Tier 1	QL (6 caps / 1 day)

### **SALICYLATES**

<i>apirin chewable 81mg chew 81mg</i>	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>aspirin enteric coated 81mg tbec 81mg</i>	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>salsalate tabs 500mg, 750mg</i>	Tier 1	

### **ANALGESICS - OPIOID**

#### **OPIOID AGONISTS**

<i>codeine sulfate tabs 30mg</i>	Tier 3	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Tier 1	QL (0.333 patches / 1 day)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	Tier 1	PA, QL (4 ea / 1 day)
<i>hydromorphone hcl liqd 1mg/ml</i>	Tier 1	QL (16 mL / 1 day)
<i>HYDROMORPHONE HCL SUPP 3mg</i>	Tier 3	
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	Tier 1	
<i>hydromorphone hcl tb24 8mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>hydromorphone hcl tb24 12mg, 16mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>hydromorphone hcl tb24 32mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>LAZANDA SOLN 100mcg/act, 400mcg/act</i>	Tier 3	PA, QL (1 bottle / 1 day)
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	Tier 1	
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	Tier 1	
<i>methadose tbso 40mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg</i>	Tier 1	QL (2 caps / 1 day)
<i>morphine sulfate soln 10mg/5ml</i>	Tier 1	QL (16 mL / 1 day)
<i>morphine sulfate soln 20mg/5ml, 20mg/ml; supp 30mg; tabs 15mg, 30mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	Tier 1	
<i>morphine sulfate supp 5mg, 10mg, 20mg</i>	Tier 3	
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Tier 1	QL (1 cap / 1 day)
<i>OXAYDO TABS 5mg</i>	Tier 3	
<i>oxycodone hcl caps 5mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 1	
<i>oxycodone hcl conc 100mg/5ml</i>	Tier 1	QL (2 mL / 1 day)
<i>oxycodone hcl t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	Tier 2	QL (2 tabs / 1 day)
<i>oxymorphone hcl tabs 5mg, 10mg</i>	Tier 1	
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>tramadol hcl tabs 50mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	Tier 1	QL (1 tab / 1 day)

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (16 mL / 1 day)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (12 tabs / 1 day)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (12 tabs / 1 day)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (12 tabs / 1 day)
<i>ascomp/codeine</i>	Tier 1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Tier 1	QL (6 caps / 1 day)
<i>endocet</i>	Tier 1	
<i>endocet</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (18 mL / 1 day)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (7.143 tabs / 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (6.67 tabs / 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (7.143 tabs / 1 day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (8 tabs / 1 day)

### **OPIOID PARTIAL AGONISTS**

<i>buprenorphine ptwk 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	Tier 1	PA, QL (4 patches / 21 days)
<i>buprenorphine ptwk 7.5mcg/hr</i>	Tier 1	PA, QL (4 ea / 21 days)
<i>buprenorphine hcl subl 2mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>buprenorphine hcl subl 8mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (6 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (3 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (6 tabs / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (3 tabs / 1 day)
<i>butorphanol tartrate soln 10mg/ml</i>	Tier 1	PA, QL (0.067 bottles / 1 day)
ZUBSOLV SUB 0.7-0.18	Tier 3	QL (6 tabs / 1 day)
ZUBSOLV SUB 1.4-0.36	Tier 3	QL (6 tabs / 1 day)
ZUBSOLV SUB 2.9-0.71	Tier 3	QL (2 tabs / 1 day)
ZUBSOLV SUB 5.7-1.4	Tier 3	QL (3 tabs / 1 day)
ZUBSOLV SUB 8.6-2.1	Tier 3	
ZUBSOLV SUB 11.4-2.9	Tier 3	QL (4 tabs / 1 day)

### **ANDROGENS-ANABOLIC**

#### **ANABOLIC STEROIDS**

<i>oxandrolone tabs 2.5mg, 10mg</i>	Tier 1	QL (60 tabs / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANDROGENS</b>		
ANDRODERM PT24 2mg/24hr	Tier 2	QL (1 patch / 1 day)
ANDRODERM PT24 4mg/24hr	Tier 2	QL (1 ea / 1 day)
danazol caps 50mg, 100mg, 200mg	Tier 1	
testosterone gel 1%, 1.62%, 25mg/2.5gm, 40.5mg/2.5gm	Tier 1	QL (5 gm / 1 day)
testosterone gel 1%, 50mg/5gm	Tier 1	QL (10 gm / 1 day)
testosterone gel 10mg/act	Tier 1	QL (4 gm / 1 day)
testosterone gel 20.25mg/1.25gm	Tier 1	QL (2.5 gm / 1 day)
testosterone soln 30mg/act	Tier 1	QL (6 mL / 1 day)
testosterone cypionate soln 100mg/ml, 200mg/ml	Tier 1	
testosterone enanthate soln 200mg/ml	Tier 1	

## **ANORECTAL AND RELATED PRODUCTS**

### **INTRARECTAL STEROIDS**

CORTIFOAM FOAM 10%	Tier 2	
hydrocortisone (intrarectal) enem 100mg/60ml	Tier 1	

### **RECTAL COMBINATIONS**

ANALPRAM-HC LOT 2.5%	Tier 3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	Tier 1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	Tier 1	
lidocaine-hydrocortisone acetate perianal cream 3-0.5%	Tier 1	QL (3.267 gm / 1 day)
lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	Tier 1	
lidocaine-hydrocortisone acetate rectal cream kit 3-1%	Tier 1	
lidocort	Tier 1	QL (3.267 gm / 1 day)
PROCORT CRE	Tier 3	
PROCTOFOAM AER HC 1%	Tier 2	

### **RECTAL STEROIDS**

anucort-hc supp 25mg	Tier 1	QL (1 ea / 1 day)
anusol-hc supp 25mg	Tier 1	QL (1 supp / 1 day)
hemmorex-hc supp 25mg	Tier 1	QL (1 supp / 1 day)
hemmorex-hc supp 30mg	Tier 1	QL (0.4 supp / 1 day)
hydrocortisone (rectal) crea 2.5%	Tier 1	QL (1 gm / 1 day)
hydrocortisone acetate (rectal) supp 25mg	Tier 1	QL (1 supp / 1 day)
hydrocortisone acetate (rectal) supp 30mg	Tier 1	QL (0.4 supp / 1 day)
procto-med hc crea 2.5%	Tier 1	QL (1 gm / 1 day)
proctosol hc crea 2.5%	Tier 1	QL (1 gm / 1 day)
proctozone-hc crea 2.5%	Tier 1	QL (1 gm / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<i>albendazole tabs 200mg</i>	Tier 1	
BENZNIDAZOLE TABS 12.5mg, 100mg	Tier 3	
<i>ivermectin tabs 3mg</i>	Tier 1	PA
<i>praziquantel tabs 600mg</i>	Tier 1	
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
IMPAVIDO CAPS 50mg	Tier 3	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	Tier 1	
<i>pentamidine isethionate solr 300mg</i>	Tier 1	
<i>tinidazole tabs 250mg, 500mg</i>	Tier 1	
XIFAXAN TABS 200mg	Tier 3	QL (9 tabs / 30 days)
XIFAXAN TABS 550mg	Tier 2	PA, QL (60 tabs / 30 days)
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>hyophen</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>sulfatrim pediatric</i>	Tier 1	
<i>urelle</i>	Tier 1	
<i>uro-458</i>	Tier 1	
<i>vilelev mb</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUSR 100mg/5ml	Tier 2	QL (180 mL / 30 days)
<i>atovaquone susp 750mg/5ml</i>	Tier 1	
LAMPIT TABS 30mg, 120mg	Tier 3	
<i>nitazoxanide tabs 500mg</i>	Tier 1	QL (6 tabs / 30 days)
<b>GLYCOPEPTIDES</b>		
<i>vancomycin hcl caps 125mg, 250mg</i>	Tier 1	QL (40 caps / 30 days)
<b>LEPROSTATICS</b>		
<i>dapsone tabs 25mg, 100mg</i>	Tier 2	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MONOBACTAMS</b>		
CAYSTON SOLR 75mg	Tier 2	SP, QL (84 vials / 30 days)
<b>OXAZOLIDINONES</b>		
linezolid susr 100mg/5ml	Tier 1	PA, QL (60 mL / 1 day)
linezolid tabs 600mg	Tier 1	PA, QL (2 tabs / 1 day)
<b>PLEUROMUTILINS</b>		
XENLETA TABS 600mg	Tier 3	PA
<b>URINARY ANTI-INFECTIVES</b>		
methenamine hippurate tabs 1gm	Tier 1	
methenamine mandelate tabs .5gm, 1gm	Tier 1	
nitrofurantoin susp 25mg/5ml	Tier 1	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	Tier 1	
nitrofurantoin monohyd macro caps 100mg	Tier 1	
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
ranolazine tb12 500mg, 1000mg	Tier 1	QL (2 tabs / 1 day)
<b>NITRATES</b>		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	Tier 1	
NITRO-BID OINT 2%	Tier 2	QL (4 gm / 1 day)
NITRO-DUR PT24 .3mg/hr, .8mg/hr	Tier 2	QL (1 ea / 1 day)
nitro-time cpcr 2.5mg, 6.5mg, 9mg	Tier 1	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 1	QL (1 patch / 1 day)
nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg	Tier 1	
NITROMIST AERS 400mcg/spray	Tier 2	
<b>ANTIANGIETY AGENTS</b>		
<b>ANTIANGIETY AGENTS - MISC.</b>		
bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	Tier 1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	Tier 1	
meprobamate tabs 200mg, 400mg	Tier 1	
<b>BENZODIAZEPINES</b>		
alprazolam tabs .25mg, .5mg, 1mg, 2mg	Tier 1	
alprazolam tb24 .5mg, 1mg, 2mg, 3mg	Tier 1	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam xr tb24 .5mg, 1mg, 2mg, 3mg</i>	Tier 1	QL (1 tab / 1 day)
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	Tier 1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Tier 1	
<i>diazepam soln 5mg/5ml</i>	Tier 3	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	Tier 1	
<i>lorazepam conc 2mg/ml</i>	Tier 1	QL (2 mL / 1 day)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	Tier 1	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Tier 1	

## **ANTIARRHYTHMICS**

### **ANTIARRHYTHMICS TYPE I-A**

<i>disopyramide phosphate caps 100mg, 150mg</i>	Tier 1	
NORPACE CR CP12 100mg, 150mg	Tier 3	

### **ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Tier 1	
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	Tier 1	

### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	Tier 1	SP, QL (2 caps / 1 day)
MULTAQ TABS 400mg	Tier 2	QL (2 tabs / 1 day)
<i>pacerone tabs 100mg, 200mg</i>	Tier 1	QL (2 ea / 1 day)
<i>pacerone tabs 400mg</i>	Tier 1	QL (2 tabs / 1 day)

## **ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium nebu 20mg/2ml</i>	Tier 1	QL (8 mL / 1 day)
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### **ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES**

NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	Tier 3	SP, PA, QL (0.108 ml / 1 day)
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### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA AERS 17mcg/act	Tier 2	QL (0.101 inhalers / 1 day)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL (30 blisters / 30 days)
<i>ipratropium bromide soln .02%</i>	Tier 1	QL (12 mL / 1 day)
SPIRIVA HANDIHALER CAPS 18mcg	Tier 2	QL (1 cap / 1 day)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	Tier 2	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR AEPB 400mcg/act	Tier 3	MN-PA
YUPELRI SOLN 175mcg/3ml	Tier 2	QL (90 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew 4mg, 5mg; tabs 10mg</i>	Tier 1	QL (1 tab / 1 day)
<i>montelukast sodium pack 4mg</i>	Tier 1	QL (1 packet / 1 day)
<i>zafirlukast tabs 10mg, 20mg</i>	Tier 1	QL (2 tabs / 1 day)
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TABS 500mcg	Tier 3	PA, QL (1 tab / 1 day)
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA AEPB 50mcg/act	Tier 2	QL (0.033 inhalers / 1 day)
ARNUITY ELLIPTA AEPB 100mcg/act, 200mcg/act	Tier 2	QL (30 blisters / 30 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	Tier 1	QL (2 mL / 1 day)
<i>budesonide (inhalation) susp .5mg/2ml</i>	Tier 1	QL (4 mL / 1 day)
<i>budesonide (inhalation) susp .25mg/2ml</i>	Tier 1	QL (6 mL / 1 day)
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist	Tier 2	QL (2 inhalations / 1 day)
FLOVENT DISKUS AEPB 250mcg/blist	Tier 2	
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Tier 2	QL (0.067 inhalers / 1 day)
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	Tier 2	QL (0.067 inhalers / 1 day)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	Tier 2	QL (0.71 gm / 1 day)
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50	Tier 1	QL (2 inhalations / 1 day)
ADVAIR DISKU AER 250/50	Tier 1	QL (2 inhalations / 1 day)
ADVAIR DISKU AER 500/50	Tier 1	QL (2 inhalations / 1 day)
ADVAIR HFA AER 45/21	Tier 2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 45/21	Tier 2	QL (0.05 inhalers / 1 day)
ADVAIR HFA AER 115/21	Tier 2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 115/21	Tier 2	QL (0.05 inhalers / 1 day)
ADVAIR HFA AER 230/21	Tier 2	QL (0.033 inhalers / 1 day)
ADVAIR HFA AER 230/21	Tier 2	QL (0.05 inhalers / 1 day)
<i>albuterol sulfate aers 108mcg/act</i>	Tier 1	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate aers 108mcg/act</i>	Tier 1	QL (2.537 inhalers / 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	Tier 1	QL (12.5 ea / 1 day)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	Tier 1	QL (12.5 mL / 1 day)
<i>albuterol sulfate syrp 2mg/5ml</i>	Tier 1	QL (16 mL / 1 day)
<i>albuterol sulfate tabs 2mg, 4mg</i>	Tier 1	
ANORO ELLIPTA AER 62.5-25	Tier 2	QL (2 blisters / 1 day)
<i>arformoterol tartrate nebu 15mcg/2ml</i>	Tier 1	PA, QL (2 mL / 1 day)
BREO ELLIPTA INH 100-25	Tier 2	QL (2 blisters / 1 day)
BREO ELLIPTA INH 200-25	Tier 2	
BREZTRI AERO AER SPHERE	Tier 2	QL (10.7 gm / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (0.033 inhalers / 1 day)
COMBIVENT AER 20-100	Tier 2	QL (0.067 inhalers / 1 day)
<i>formoterol fumarate nebu 20mcg/2ml</i>	Tier 1	PA, QL (60 mL / 1 day)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (18 mL / 1 day)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	Tier 1	QL (96 ea / 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	Tier 1	QL (288 mL / 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	Tier 1	QL (0.067 inhalers / 1 day)
PROAIR RESPICLICK AEPB 108mcg/act	Tier 2	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	Tier 2	QL (2 inhalations / 1 day)
STIOLTO AER 2.5-2.5	Tier 2	QL (1 inhaler / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	Tier 3	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (1.478 inhalers / 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL (0.033 inhalers / 1 day)
SYMBICORT AER 160-4.5	Tier 2	QL (0.057 inhalers / 1 day)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	Tier 1	
TRELEGY AER ELLIPTA	Tier 2	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA	Tier 2	QL (2.143 inhalers / 30 days)
<b>XANTHINES</b>		
ELIXOPHYLLIN ELIX 80mg/15ml	Tier 3	QL (480 mL / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	Tier 2	
<i>theophylline</i> tb12 300mg, 450mg; tb24 400mg, 600mg	Tier 1	

## **ANTICOAGULANTS**

### **COUMARIN ANTICOAGULANTS**

<i>jantoven</i> tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>warfarin sodium</i> tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	

### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS TABS 2.5mg, 5mg	Tier 2	QL (2 tabs / 1 day)
ELIQUIS STARTER PACK TBPK 5mg	Tier 2	QL (2 tabs / 1 day)
SAVAYSA TABS 15mg, 30mg, 60mg	Tier 3	MN-PA, QL (1 tab / 1 day)
XARELTO SUSR 1mg/ml	Tier 2	
XARELTO TABS 2.5mg	Tier 2	QL (2 ea / 1 day)
XARELTO TABS 10mg, 20mg	Tier 2	QL (1 tab / 1 day)
XARELTO TABS 15mg	Tier 2	QL (2 tabs / 1 day)
XARELTO STAR TAB 15/20MG	Tier 2	QL (51 tabs / 21 days)

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

<i>enoxaparin sodium</i> soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 1	QL (2 mL / 1 day)
<i>enoxaparin sodium</i> soln 300mg/3ml	Tier 1	QL (0.667 vials / 1 day)
<i>fondaparinux sodium</i> soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	QL (2 mL / 1 day)
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	Tier 3	QL (2 mL / 1 day)
FRAGMIN SOLN 95000unit/3.8ml	Tier 3	QL (0.263 vials / 1 day)
<i>heparin sodium (porcine)</i> soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	

### **IN VITRO/LOCK ANTICOAGULANTS**

ACD FORMULA SOL A	Tier 2	
NOCLOT-50 SOL ACD-A	Tier 2	

### **THROMBIN INHIBITORS**

PRADAXA CAPS 75mg, 110mg, 150mg	Tier 3	MN-PA, QL (2 caps / 1 day)
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## **ANTICONSULSANTS**

### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUSP .5mg/ml	Tier 3	PA, QL (24 mL / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Tier 3	PA, QL (1 tab / 1 day)

### **ANTICONVULSANTS - BENZODIAZEPINES**

<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Tier 1	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	Tier 3	QL (10 ea / 30 days)
NAYZILAM SOLN 5mg/0.1ml	Tier 3	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	Tier 3	PA

### **ANTICONVULSANTS - MISC.**

APTIOM TABS 200mg, 400mg, 600mg, 800mg	Tier 3	PA, QL (1 tab / 1 day)
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 200mg/10ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	Tier 1	
<i>epitol tabs 200mg</i>	Tier 1	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	Tier 1	
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	Tier 1	QL (36 mL / 1 day)
LAMICTAL XR KIT	Tier 3	
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Tier 1	
<i>levetiracetam soln 100mg/ml</i>	Tier 1	
<i>levetiracetam tabs 250mg, 750mg, 1000mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>levetiracetam tabs 500mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>levetiracetam tabs 500mg; tb24 500mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>levetiracetam tabs 1000mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>levetiracetam tb24 750mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>oxcarbazepine susp 300mg/5ml</i>	Tier 1	QL (40 mL / 1 day)
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	Tier 1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	Tier 1	QL (3 caps / 1 day)
<i>pregabalin caps 225mg, 300mg</i>	Tier 1	QL (2 caps / 1 day)
<i>pregabalin soln 20mg/ml</i>	Tier 1	QL (30 mL / 1 day)
<i>primidone tabs 50mg, 250mg</i>	Tier 1	
<i>rowepra tabs 500mg</i>	Tier 1	QL (6 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rufinamide susp 40mg/ml</i>	Tier 1	QL (80 mL / 1 day)
<i>rufinamide tabs 200mg, 400mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>subvenite starter kit/blu kit 25mg</i>	Tier 1	
<i>subvenite starter kit/gre</i>	Tier 1	
<i>subvenite starter kit/ora</i>	Tier 1	
<i>topiramate csp 15mg, 25mg; tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>topiramate tabs 200mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>topiramate tabs 200mg</i>	Tier 1	QL (8 tabs / 1 day)
VIMPAT SOLN 10mg/ml	Tier 3	QL (1200 mL / 30 days)
VIMPAT TABS 50mg, 100mg, 150mg, 200mg	Tier 3	QL (2 tabs / 1 day)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Tier 1	
<b>CARBAMATES</b>		
<i>felbamate susp 600mg/5ml</i>	Tier 1	QL (30 mL / 1 day)
<i>felbamate tabs 400mg</i>	Tier 1	QL (9 tabs / 1 day)
<i>felbamate tabs 600mg</i>	Tier 1	QL (6 tabs / 1 day)
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	Tier 3	PA
XCOPRI PAK 12.5-25	Tier 3	PA
XCOPRI PAK 50-100MG	Tier 3	PA
XCOPRI PAK 100-150	Tier 3	PA
XCOPRI PAK 150-200	Tier 3	PA
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Tier 1	
<i>vigabatrin pack 500mg</i>	Tier 1	SP, PA, QL (5 packets / 1 day)
<i>vigabatrin tabs 500mg</i>	Tier 1	SP, PA, QL (6 tabs / 1 day)
<i>vigadrone pack 500mg</i>	Tier 1	SP, PA, QL (5 packets / 1 day)
<b>HYDANTOINS</b>		
DILANTIN CAPS 30mg	Tier 2	
<i>phenytoin susp 125mg/5ml</i>	Tier 1	
<i>phenytoin infatabs chew 50mg</i>	Tier 1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Tier 1	
<b>SUCCINIMIDES</b>		
CELONTIN CAPS 300mg	Tier 2	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VALPROIC ACID</b>		
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	Tier 1	
<i>valproate sodium soln 250mg/5ml</i>	Tier 1	
<i>valproic acid caps 250mg</i>	Tier 1	
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Tier 1	QL (1 tab / 1 day)
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tabs 75mg, 100mg</i>	Tier 1	
<i>bupropion hcl tb12 100mg, 200mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>bupropion hcl tb12 150mg; tb24 150mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>bupropion hcl tb24 300mg</i>	Tier 1	QL (1 tab / 1 day)
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
<i>EMSAM PT24 6mg/24hr, 12mg/24hr</i>	Tier 3	PA, QL (1 ea / 1 day)
<i>EMSAM PT24 9mg/24hr</i>	Tier 3	PA, QL (1 patch / 1 day)
<i>MARPLAN TABS 10mg</i>	Tier 3	
<i>phenelzine sulfate tabs 15mg</i>	Tier 1	
<i>tranylcypromine sulfate tabs 10mg</i>	Tier 1	
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	Tier 1	QL (1200 mL / 1 day)
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	Tier 1	QL (60 tabs / 1 day)
<i>escitalopram oxalate soln 5mg/5ml</i>	Tier 1	QL (10 mL / 1 day)
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>	Tier 1	
<i>fluoxetine hcl cpdr 90mg</i>	Tier 1	QL (0.133 caps / 1 day)
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>paroxetine hcl susp 10mg/5ml</i>	Tier 1	QL (20 mL / 1 day)
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>paroxetine hcl tb24 12.5mg, 25mg, 37.5mg</i>	Tier 1	QL (1 tab / 1 day)
<i>PEXEVA TABS 10mg, 20mg, 30mg, 40mg</i>	Tier 3	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Tier 1	
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	Tier 1	QL (2 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	Tier 1	
TRINTELLIX TABS 5mg, 10mg, 20mg	Tier 2	QL (1 tab / 1 day)
VIIBRYD TABS 10mg, 20mg, 40mg	Tier 2	QL (1 tab / 1 day)
VIIBRYD KIT STARTER	Tier 2	

### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

desvenlafaxine succinate tb24 25mg, 50mg, 100mg	Tier 1	QL (1 tab / 1 day)
duloxetine hcl cpep 20mg, 30mg	Tier 1	QL (1 ea / 1 day)
duloxetine hcl cpep 60mg	Tier 1	QL (2 ea / 1 day)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	Tier 3	QL (1 cap / 1 day)
FETZIMA CAP TITRATIO	Tier 3	QL (1 cap / 1 day)
venlafaxine hcl cp24 37.5mg	Tier 1	QL (1 cap / 1 day)
venlafaxine hcl cp24 75mg	Tier 1	QL (3 caps / 1 day)
venlafaxine hcl cp24 150mg	Tier 1	QL (2 caps / 1 day)
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 1	
venlafaxine hcl tb24 37.5mg, 75mg, 150mg	Tier 1	QL (1 tab / 1 day)
venlafaxine hcl tb24 225mg	Tier 2	QL (1 tab / 1 day)

### **TRICYCLIC AGENTS**

amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	
amoxapine tabs 25mg, 50mg, 150mg	Tier 2	
amoxapine tabs 100mg	Tier 1	
clomipramine hcl caps 25mg, 50mg, 75mg	Tier 1	
desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 1	
doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml	Tier 1	
imipramine hcl tabs 10mg, 25mg, 50mg	Tier 1	
imipramine pamoate caps 75mg, 100mg, 125mg, 150mg	Tier 1	
nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml	Tier 1	
protriptyline hcl tabs 5mg, 10mg	Tier 1	
trimipramine maleate caps 25mg, 50mg, 100mg	Tier 1	

### **ANTIDIABETICS**

#### **ALPHA-GLUCOSIDASE INHIBITORS**

acarbose tabs 25mg, 50mg, 100mg	Tier 1	QL (3 tabs / 1 day)
miglitol tabs 25mg, 50mg, 100mg	Tier 1	QL (3 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 SOPN 1500mcg/1.5ml	Tier 2	ST, QL (0.133 pens / 1 day)
SYMLINPEN 120 SOPN 2700mcg/2.7ml	Tier 2	ST, QL (0.136 pens / 1 day)
<b>ANTIDIABETIC COMBINATIONS</b>		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	MN-PA, QL (2 tabs / 1 day)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	MN-PA, QL (2 tabs / 1 day)
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	
GLYXAMBI TAB 10-5 MG	Tier 2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	Tier 2	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	Tier 2	QL (2 tabs / 1 day)
JANUMET TAB 50-1000	Tier 2	QL (2 tabs / 1 day)
JANUMET XR TAB 50-500MG	Tier 2	QL (2 tabs / 1 day)
JANUMET XR TAB 50-1000	Tier 2	QL (2 tabs / 1 day)
JANUMET XR TAB 100-1000	Tier 2	QL (1 tab / 1 day)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	QL (2.8 tabs / 1 day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QL (3 tabs / 1 day)
SOLIQUA INJ 100/33	Tier 2	
SYNJARDY TAB	Tier 2	QL (2 tabs / 1 day)
SYNJARDY TAB 5-500MG	Tier 2	QL (2 tabs / 1 day)
SYNJARDY TAB 5-1000MG	Tier 2	QL (2 tabs / 1 day)
SYNJARDY TAB 12.5-500	Tier 2	QL (2 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB	Tier 2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 5-1000MG	Tier 2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 10-1000	Tier 2	QL (2 tabs / 1 day)
SYNJARDY XR TAB 25-1000	Tier 2	QL (2 tabs / 1 day)
TRIJARDY XR TAB	Tier 2	QL (1 tab / 1 day)
XIGDUO XR TAB 2.5-1000	Tier 2	QL (2 tabs / 1 day)
XIGDUO XR TAB 5-500MG	Tier 2	QL (2 tabs / 1 day)
XIGDUO XR TAB 5-1000MG	Tier 2	QL (2 tabs / 1 day)
XIGDUO XR TAB 10-500MG	Tier 2	QL (1 tab / 1 day)
XIGDUO XR TAB 10-1000	Tier 2	QL (1 tab / 1 day)
XULTOPHY INJ 100/3.6	Tier 2	

### **BIGUANIDES**

<i>metformin hcl soln 500mg/5ml</i>	Tier 1	
<i>metformin hcl tabs 500mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>metformin hcl tabs 850mg, 1000mg</i>	Tier 1	QL (2.5 tabs / 1 day)
<i>metformin hcl tabs 1000mg</i>	Tier 1	QL (75 tabs / 30 days)
<i>metformin hcl tb24 500mg</i>	Tier 1	QL (4 tabs / 1 day); (generic GLUCOPHAGE XR)
<i>metformin hcl tb24 750mg</i>	Tier 1	QL (3 tabs / 1 day); (generic GLUCOPHAGE XR)

### **DIABETIC OTHER**

BAQSIMI ONE PACK POWD 3mg/dose	Tier 2	PA, QL (4 ea / 68 days)
BAQSIMI TWO PACK POWD 3mg/dose	Tier 2	PA, QL (4 ea / 68 days)
<i>diazoxide susp 50mg/ml</i>	Tier 1	
GLUCAGEN HYPOKIT SOLR 1mg	Tier 2	QL (0.003 syringes / 1 day)
<i>glucagon (rdna) kit 1mg</i>	Tier 1	QL (0.003 kits / 1 day)
KORLYM TABS 300mg	Tier 3	SP, PA

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Tier 1	MN-PA, QL (1 tab / 1 day)
JANUVIA TABS 25mg, 50mg, 100mg	Tier 2	QL (1 ea / 1 day)

### **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

BYDUREON PEN PEN 2mg	Tier 3	MN-PA, QL (4 pens / 30 days)
BYETTA SOPN 5mcg/0.02ml	Tier 3	MN-PA, QL (2 pens / 30 days)
BYETTA SOPN 10mcg/0.04ml	Tier 3	MN-PA, QL (1 pen / 30 days)
OZEMPIC SOPN 2mg/1.5ml	Tier 2	QL (0.04 pens / 1 day)
OZEMPIC SOPN 4mg/3ml	Tier 2	QL (0.037 pens / 1 day)
RYBELSUS TABS 3mg, 7mg, 14mg	Tier 2	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Tier 2	QL (4 pens / 30 days)
VICTOZA SOPN 18mg/3ml	Tier 2	QL (3 pens / 30 days)

### **INSULIN**

ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
APIDRA SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days)
APIDRA SOLOSTAR SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
FIASP FLEX INJ TOUCH	Tier 2	QL (15 pens / 30 days)
FIASP INJ 100/ML	Tier 2	QL (4.5 vials / 30 days)
FIASP PENFIL INJ U-100	Tier 2	QL (15 injections / 30 days)
HUMALOG SOCT 100unit/ml	Tier 2	QL (15 cartridges / 30 days)
HUMALOG SOLN 100unit/ml	Tier 2	QL (45 mL / 30 days)
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
HUMALOG KWIKPEN SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
HUMALOG KWIKPEN SOPN 200unit/ml	Tier 2	QL (8 pens / 30 days)
HUMALOG MIX INJ 50/50	Tier 2	QL (45 mL / 30 days)
HUMALOG MIX INJ 50/50KWP	Tier 2	QL (15 pens / 30 days)
HUMALOG MIX INJ 75/25KWP	Tier 2	QL (15 pens / 30 days)
HUMALOG MIX SUS 75/25	Tier 2	QL (45 mL / 30 days)
HUMULIN INJ 70/30	Tier 2	QL (45 mL / 30 days), OTC
HUMULIN INJ 70/30KWP	Tier 2	QL (15 pens / 30 days), OTC
HUMULIN N SUSP 100unit/ml	Tier 2	QL (45 mL / 30 days), OTC
HUMULIN N KWIKPEN SUPN 100unit/ml	Tier 2	QL (15 pens / 30 days), OTC
HUMULIN R SOLN 100unit/ml	Tier 2	QL (15 vials / 30 days), OTC
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	Tier 2	QL (2.25 vials / 30 days)
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Tier 2	QL (15 pens / 30 days)
INS ASP PROT INJ FLEXPEN	Tier 2	QL (15 pens / 30 days)
INSULIN ASPA INJ 70/30	Tier 2	QL (45 mL / 30 days)
INSULIN ASPART SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days)
INSULIN ASPART FLEXPEN SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
INSULIN ASPART PENFILL SOCT 100unit/ml	Tier 2	QL (15 cartridges / 30 days)
INSULIN LISP INJ PROTAMIN	Tier 2	QL (15 pens / 30 days)
INSULIN LISPRO SOLN 100unit/ml	Tier 2	QL (45 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
LANTUS SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days)
LANTUS SOLOSTAR SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
LEVEMIR SOLN 100unit/ml	Tier 2	QL (0.15 vials / 1 day)
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Tier 2	QL (0.5 pens / 1 day)
NOVOLIN70/30 INJ RELION	Tier 2	QL (45 mL / 30 days), OTC
NOVOLIN INJ 70/30	Tier 2	QL (45 mL / 30 days), OTC
NOVOLIN INJ 70/30 FP	Tier 2	QL (15 pens / 30 days), OTC
NOVOLIN N SUSP 100unit/ml	Tier 2	QL (45 mL / 30 days), OTC
NOVOLIN N FLEXPEN SUPN 100unit/ml	Tier 2	QL (15 pens / 30 days), OTC
NOVOLIN N RELION SUSP 100unit/ml	Tier 2	QL (45 mL / 30 days), OTC
NOVOLIN R SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days), OTC
NOVOLIN R FLEXPEN SOPN 100unit/ml	Tier 2	OTC
NOVOLIN R RELION SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days), OTC
NOVOLOG SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
NOVOLOG MIX INJ 70/30	Tier 2	QL (45 mL / 30 days)
NOVOLOG MIX INJ FLEX REL	Tier 2	QL (15 pens / 30 days)
NOVOLOG MIX INJ FLEXPEN	Tier 2	QL (15 pens / 30 days)
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	QL (15 cartridges / 30 days)
NOVOLOG RELI INJ 70/30	Tier 2	QL (45 mL / 30 days)
NOVOLOG RELION SOLN 100unit/ml	Tier 2	QL (4.5 vials / 30 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	QL (3 pens / 30 days)
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	QL (6 pens / 30 days)
TRESIBA SOLN 100unit/ml	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml	Tier 2	QL (15 pens / 30 days)
TRESIBA FLEXTOUCH SOPN 200unit/ml	Tier 2	QL (9 pens / 30 days)
<b>INSULIN SENSITIZING AGENTS</b>		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Tier 1	QL (1 tab / 1 day)
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tabs 60mg, 120mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Tier 1	QL (4 tabs / 1 day)



Drug Name	Drug Tier	Requirements/Limits
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TABS 5mg, 10mg	Tier 2	QL (1 tab / 1 day)
JARDIANCE TABS 10mg	Tier 2	QL (1 tab / 1 day)
JARDIANCE TABS 25mg	Tier 2	QL (2 tabs / 1 day)
<b>SULFONYLUREAS</b>		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Tier 1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Tier 1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	Tier 1	
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TBEC 125mg	Tier 3	PA, QL (60 tabs / 1 day)
<b>ANTIPERISTALTIC AGENTS</b>		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl caps 2mg</i>	Tier 1	
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAPS 100mg	Tier 2	
<i>deferasirox tabs 90mg, 180mg, 360mg</i>	Tier 1	SP
<i>deferasirox tbso 125mg, 250mg, 500mg</i>	Tier 1	SP, QL (6 tabs / 1 day)
<i>deferiprone tabs 500mg</i>	Tier 1	SP, PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	Tier 3	SP, PA
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
VISTOGARD PACK 10gm	Tier 3	SP, PA
<b>OPIOID ANTAGONISTS</b>		
<i>naloxone hcl liqd 4mg/0.1ml</i>	Tier 1	QL (2 ea / 30 days)
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml</i>	Tier 1	
<i>naltrexone hcl tabs 50mg</i>	Tier 1	
VIVITROL SUSR 380mg	Tier 3	
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
<i>granisetron hcl tabs 1mg</i>	Tier 1	QL (2 ea / 30 days)
<i>ondansetron tbdp 4mg, 8mg</i>	Tier 1	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANCUSO PTCH 3.1mg/24hr	Tier 3	PA, QL (4 patches / 30 days)

### **ANTIEMETICS - ANTICHOLINERGIC**

<i>meclizine hcl tabs 25mg</i>	Tier 1	
<i>scopolamine pt72 1.5mg</i>	Tier 1	QL (4 patches / 30 days)
<i>trimethobenzamide hcl caps 300mg</i>	Tier 1	

### **ANTIEMETICS - MISCELLANEOUS**

AKYNZEO CAP 300-0.5	Tier 3	PA
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Tier 1	PA, QL (2 caps / 1 day)

### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

<i>aprepitant caps 40mg</i>	Tier 1	PA, QL (6 caps / 30 days)
<i>aprepitant caps 80mg</i>	Tier 1	PA, QL (4 caps / 30 days)
<i>aprepitant caps 125mg</i>	Tier 1	PA, QL (2 caps / 30 days)
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	PA, QL (6 tabs / 30 days)
EMEND SUSR 125mg/5ml	Tier 2	PA, QL (3 kits / 30 days)

### **ANTIFUNGALS**

#### **ANTIFUNGALS**

<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Tier 1	
<i>nystatin tabs 500000unit</i>	Tier 1	
<i>terbinafine hcl tabs 250mg</i>	Tier 1	QL (30 tabs / 1 day)

#### **IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA CAPS 186mg; SOLR 372mg	Tier 3	PA
<i>fluconazole susr 10mg/ml, 40mg/ml</i>	Tier 1	
<i>fluconazole tabs 50mg, 100mg, 200mg</i>	Tier 1	QL (1 tab / 1 day)
<i>fluconazole tabs 150mg</i>	Tier 1	QL (4 tabs / 67 days)
<i>itraconazole caps 100mg</i>	Tier 1	PA, QL (30 caps / 1 day)
<i>itraconazole soln 10mg/ml</i>	Tier 1	PA, QL (30 mL / 1 day)
<i>ketoconazole tabs 200mg</i>	Tier 1	PA, QL (2 tabs / 1 day)
NOXAFIL SUSP 40mg/ml	Tier 3	PA
<i>posaconazole tbec 100mg</i>	Tier 1	PA
<i>voriconazole susr 40mg/ml</i>	Tier 1	QL (5 mL / 1 day)
<i>voriconazole tabs 50mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>voriconazole tabs 200mg</i>	Tier 1	QL (2 tabs / 1 day)

### **ANTIHISTAMINES**

#### **ANTIHISTAMINES - ALKYLAMINES**

<i>ryclora soln 2mg/5ml</i>	Tier 1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES - ETHANOLAMINES</b>		
<i>carbinoxamine maleate tabs 4mg</i>	Tier 1	
<b>ANTI-HISTAMINES - NON-SEDATING</b>		
<i>alavert tbdp 10mg</i>	Tier 1	OTC
<i>all day allergy tabs 10mg</i>	Tier 1	OTC
<i>all day allergy childrens soln 5mg/5ml</i>	Tier 1	OTC
<i>all-day allergy childrens soln 5mg/5ml</i>	Tier 1	OTC
<i>aller-ease tabs 60mg</i>	Tier 1	OTC
<i>allergy tabs 10mg</i>	Tier 1	OTC
<i>allergy 24-hr tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>allergy 24hour indoor/out tabs 10mg</i>	Tier 1	OTC
<i>allergy childrens syrp 5mg/5ml</i>	Tier 1	OTC
<i>allergy relief tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>allergy relief tabs 10mg, 60mg; tbdp 10mg</i>	Tier 1	OTC
<i>allergy relief 24hr tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>allergy relief 24hr/indoo tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>allergy relief childrens soln 1mg/ml, 5mg/5ml; syrp 5mg/5ml</i>	Tier 1	OTC
<i>cetirizine hcl chew 5mg; tabs 5mg, 10mg</i>	Tier 1	OTC
<i>cetirizine hcl soln 1mg/ml</i>	Tier 1	
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	Tier 1	OTC
<i>cetirizine hydrochloride soln 5mg/5ml</i>	Tier 1	OTC
<i>claritin allergy children syrp 5mg/5ml</i>	Tier 1	OTC
<i>cvs allergy relief tabs 10mg</i>	Tier 1	OTC
<i>cvs allergy relief tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>cvs indoor/outdoor allerg tabs 10mg</i>	Tier 1	OTC
<i>eq allergy childrens syrp 5mg/5ml</i>	Tier 1	OTC
<i>eq allergy relief soln 1mg/ml; tabs 10mg</i>	Tier 1	OTC
<i>eq allergy relief childre soln 5mg/5ml</i>	Tier 1	OTC
<i>eq cetirizine hydrochlori chew 10mg</i>	Tier 1	OTC
<i>eq loratadine tbdp 10mg</i>	Tier 1	OTC
<i>eql all day allergy tabs 10mg</i>	Tier 1	OTC
<i>fexofenadine hcl tabs 60mg</i>	Tier 1	OTC
<i>fexofenadine hcl tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>gnp all day allergy tabs 10mg</i>	Tier 1	OTC
<i>gnp loratadine tbdp 10mg</i>	Tier 1	OTC
<i>goodsense aller-ease tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>hm all day allergy childr soln 5mg/5ml</i>	Tier 1	OTC
<i>hm allergy relief tabs 10mg, 60mg</i>	Tier 1	OTC
<i>hm allergy relief tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>hm loratadine childrens syrp 5mg/5ml</i>	Tier 1	OTC
<i>24hr allergy relief tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>kls aller-fex tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kls aller-tec tabs 10mg</i>	Tier 1	OTC
<i>kls aller-tec childrens soln 5mg/5ml</i>	Tier 1	OTC
<i>kls allerclear tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	Tier 1	QL (150 mL / 1 day)
<i>levocetirizine dihydrochloride tabs 5mg</i>	Tier 1	QL (30 tabs / 1 day)
<i>loradamed tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>loratadine tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>loratadine childrens syrp 5mg/5ml</i>	Tier 1	OTC
<i>mm fexofenadine hydrochlo tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>px childrens allergy soln 5mg/5ml</i>	Tier 1	OTC
<i>qc all day allergy tabs 10mg</i>	Tier 1	OTC
<i>qc allergy relief tabs 10mg</i>	Tier 1	OTC
<i>qc childrens allergy soln 5mg/5ml</i>	Tier 1	OTC
<i>sb allergy tabs 10mg</i>	Tier 1	OTC
<i>sm all day allergy tabs 10mg</i>	Tier 1	OTC
<i>sm allergy childrens syrp 5mg/5ml</i>	Tier 1	OTC
<i>sm allergy relief tabs 60mg</i>	Tier 1	OTC
<i>sm loratadine tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>triaminic allerchews tbdp 10mg</i>	Tier 1	OTC
<i>wal-fex tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>wal-fex allergy tabs 180mg</i>	Tier 1	QL (1 tab / 1 day), OTC
<i>wal-fex allergy 12 hour tabs 60mg</i>	Tier 1	OTC
<i>wal-itin syrp 5mg/5ml; tbdp 10mg</i>	Tier 1	OTC
<i>wal-itin tabs 10mg</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>wal-itin aller-melts tbdp 10mg</i>	Tier 1	OTC
<i>wal-itin childrens soln 5mg/5ml</i>	Tier 1	OTC
<i>wal-vert tbdp 10mg</i>	Tier 1	OTC
<i>wal-zyr soln 5mg/5ml; tabs 10mg</i>	Tier 1	OTC
<i>wal-zyr all day allergy c soln 5mg/5ml</i>	Tier 1	OTC
<i>wal-zyr childrens chew 5mg, 10mg; soln 5mg/5ml</i>	Tier 1	OTC
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl soln 25mg/ml, 50mg/ml; syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	Tier 1	
<i>promethazine hcl supp 12.5mg, 25mg</i>	Tier 1	QL (0.4 supp / 1 day)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	Tier 1	QL (0.4 supp / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrpf 2mg/5ml; tabs 4mg</i>	Tier 1	
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TABS 180mg	Tier 3	PA
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	QL (1 tab / 1 day)
NEXLIZET TAB 180/10MG	Tier 3	PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl caps 1gm</i>	Tier 1	QL (4 caps / 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QL (4 caps / 1 day)
VASCEPA CAPS .5gm, 1gm	Tier 2	QL (4 caps / 1 day)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Tier 1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	Tier 1	
<i>colesevelam hcl pack 3.75gm</i>	Tier 1	QL (1 packet / 1 day)
<i>colesevelam hcl tabs 625mg</i>	Tier 1	QL (7 tabs / 1 day)
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	Tier 1	
<i>prevalite pack 4gm; powd 4gm/dose</i>	Tier 1	
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA CAPS 30mg, 90mg	Tier 3	
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Tier 1	QL (1 cap / 1 day)
<i>fenofibrate caps 50mg</i>	Tier 1	QL (2 caps / 1 day)
<i>fenofibrate caps 150mg</i>	Tier 1	QL (1 cap / 1 day)
<i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i>	Tier 1	QL (1 tab / 1 day)
FENOFIBRATE MICRONIZED CAPS 30mg, 90mg	Tier 3	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	Tier 1	QL (1 cap / 1 day)
<i>gemfibrozil tabs 600mg</i>	Tier 1	QL (2 tabs / 1 day)
<b>HMG COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium tabs 10mg, 20mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>atorvastatin calcium tabs 40mg, 80mg</i>	Tier 1	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvastatin sodium caps 20mg, 40mg</i>	Tier 1	QL (1 cap / 1 day); \$0 copay for members age 40 through 75
<i>fluvastatin sodium tb24 80mg</i>	Tier 1	QL (30 tabs / 1 day); \$0 copay for members age 40 through 75
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 5mg, 10mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>rosuvastatin calcium tabs 20mg, 40mg</i>	Tier 1	QL (1 tab / 1 day)
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for members age 40 through 75
<i>simvastatin tabs 80mg</i>	Tier 1	QL (1 tab / 1 day)

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tabs 10mg</i>	Tier 1	QL (1 tab / 1 day)
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### **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

JUXTAPID CAPS 5mg, 10mg	Tier 3	SP, PA, QL (1 cap / 1 day)
JUXTAPID CAPS 20mg, 30mg	Tier 3	SP, PA, QL (28 caps / 21 days)

### **NICOTINIC ACID DERIVATIVES**

<i>niacin (antihyperlipidemic) tabs 500mg; tbc 500mg, 750mg, 1000mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>niacor tabs 500mg</i>	Tier 1	QL (2 tabs / 1 day)

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

REPATHA SOSY 140mg/ml	Tier 2	PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Tier 2	PA
REPATHA SURECLICK SOAJ 140mg/ml	Tier 2	PA

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>enalapril maleate soln 1mg/ml</i>	Tier 1	QL (5 mL / 1 day)
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Tier 1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Tier 1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	Tier 1	QL (1 tab / 1 day)
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	QL (2 caps / 1 day)
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Tier 1	

### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>phenoxybenzamine hcl caps 10mg</i>	Tier 1	
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### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Tier 1	QL (1 tab / 1 day)
EDARBI TABS 40mg, 80mg	Tier 3	QL (1 tab / 1 day)
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Tier 1	QL (1 tab / 1 day)
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>olmesartan medoxomil tabs 5mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	Tier 1	QL (1 tab / 1 day)
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Tier 1	QL (1 tab / 1 day)

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine ptwk .1mg/24hr</i>	Tier 1	QL (4 patches / 28 days)
<i>clonidine ptwk .2mg/24hr</i>	Tier 1	QL (4 ea / 28 days)
<i>clonidine ptwk .3mg/24hr</i>	Tier 1	QL (8 ea / 28 days)
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Tier 1	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Tier 1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	Tier 1	
METHYLDOPA TABS 250mg, 500mg	Tier 2	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Tier 1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	

### **ANTIHYPERTENSIVE COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (1 cap / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	QL (1 tab / 1 day)
DUTOPROL TAB 25-12.5	Tier 2	QL (2 tabs / 1 day)
DUTOPROL TAB 50-12.5	Tier 2	QL (2 tabs / 1 day)
DUTOPROL TAB 100-12.5	Tier 2	QL (2 tabs / 1 day)
EDARBYCLOR TAB 40-12.5	Tier 3	QL (1 tab / 1 day)
EDARBYCLOR TAB 40-25MG	Tier 3	QL (1 tab / 1 day)
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
EXFORGEH/5- TAB 160-12.5	Tier 3	QL (1 tab / 1 day)
EXFORGEH/5- TAB 160-25	Tier 3	QL (1 tab / 1 day)
EXFORGEH/10- TAB 160-12.5	Tier 3	QL (1 tab / 1 day)
EXFORGEH/10- TAB 160-25	Tier 3	QL (1 tab / 1 day)
EXFORGEH/10- TAB 320-25	Tier 3	QL (1 tab / 1 day)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
TEKTURNA HCT TAB 150-12.5	Tier 2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 150-25MG	Tier 2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 300-12.5	Tier 2	QL (1 tab / 1 day)
TEKTURNA HCT TAB 300-25MG	Tier 2	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	QL (1 ea / 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (1 ea / 1 day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	QL (1 ea / 1 day)
TRANDO/VERAP TAB 2-180 ER	Tier 3	QL (1 tab / 1 day)
TRANDO/VERAP TAB 2-240 ER	Tier 3	QL (1 tab / 1 day)
TRANDO/VERAP TAB 4-240 ER	Tier 3	QL (1 tab / 1 day)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (1 tab / 1 day)
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	Tier 1	QL (1 tab / 1 day)
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tabs 25mg, 50mg</i>	Tier 1	QL (2 tabs / 1 day)
<b>VASODILATORS</b>		
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>minoxidil tabs 2.5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (12 tabs / 274 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (12 tabs / 274 days)
COARTEM TAB 20-120MG	Tier 2	QL (24 tabs / 30 days)
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	Tier 1	QL (5 tabs / year)
<i>hydroxychloroquine sulfate tabs 200mg</i>	Tier 1	
<i>mefloquine hcl tabs 250mg</i>	Tier 1	QL (4 tabs / 274 days)
<i>pyrimethamine tabs 25mg</i>	Tier 1	PA
<i>quinine sulfate caps 324mg</i>	Tier 1	PA
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
FIRDAPSE TABS 10mg	Tier 3	SP, PA
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	Tier 1	
RUZURGI TABS 10mg	Tier 3	SP, PA
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>cycloserine caps 250mg</i>	Tier 3	
<i>ethambutol hcl tabs 100mg, 400mg</i>	Tier 1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml</i>	Tier 3	
<i>isoniazid tabs 100mg, 300mg</i>	Tier 1	
PASER PACK 4gm	Tier 2	
PRETOMANID TABS 200mg	Tier 3	PA
PRIFTIN TABS 150mg	Tier 2	
<i>pyrazinamide tabs 500mg</i>	Tier 1	
<i>rifabutin caps 150mg</i>	Tier 1	
<i>rifampin caps 150mg, 300mg</i>	Tier 1	
SIRTURO TABS 20mg	Tier 2	PA, QL (940 tabs / 135 days)
SIRTURO TABS 100mg	Tier 2	PA, QL (1.045 tabs / 1 day)
TRECTOR TABS 250mg	Tier 2	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide caps 25mg, 50mg</i>	Tier 1	
GLEOSTINE CAPS 10mg, 40mg, 100mg	Tier 2	QL (3 caps / 30 days)
LEUKERAN TABS 2mg	Tier 2	
<i>melphalan tabs 2mg</i>	Tier 1	
MYLERAN TABS 2mg	Tier 2	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Tier 1	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMETABOLITES</b>		
<i>capecitabine tabs 150mg, 500mg</i>	Tier 1	SP
<i>mercaptopurine tabs 50mg</i>	Tier 1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml</i>	Tier 1	SP
<i>methotrexate sodium tabs 2.5mg</i>	Tier 1	
TABLOID TABS 40mg	Tier 2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Tier 2	
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TABS 1mg, 5mg	Tier 3	SP, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 3	SP, PA, QL (2 ea / 1 day)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 3	SP, PA, QL (2 ea / 1 day)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 3	SP, PA, QL (2 ea / 1 day)
LENVIMA CAP 14 MG	Tier 3	SP, PA, QL (2 ea / 1 day)
LENVIMA CAP 18 MG	Tier 3	SP, PA, QL (3 ea / 1 day)
LENVIMA CAP 24 MG	Tier 3	SP, PA, QL (3 ea / 1 day)
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TABS 50mg, 150mg	Tier 3	SP, PA, QL (4 tabs / 1 day)
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TABS 10mg, 50mg	Tier 3	SP, PA
VENCLEXTA TAB START PK	Tier 3	SP, PA
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	Tier 1	SP, PA, QL (1 tab / 1 day)
GILOTRIF TABS 20mg, 30mg, 40mg	Tier 3	SP, QL (1 tab / 1 day)
TAGRISO TABS 40mg, 80mg	Tier 3	SP, PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAPS 150mg	Tier 3	SP, PA
ODOMZO CAPS 200mg	Tier 3	SP, PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tabs 250mg</i>	Tier 1	SP, PA, QL (4 tabs / 1 day)
<i>abiraterone acetate tabs 500mg</i>	Tier 1	SP, PA, QL (2 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>anastrozole tabs 1mg</i>	Tier 1	QL (1 tab / 1 day); \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	Tier 1	QL (1 tab / 1 day)
EMCYT CAPS 140mg	Tier 2	
ERLEADA TABS 60mg	Tier 3	SP, PA
<i>exemestane tabs 25mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	Tier 1	QL (6 caps / 1 day)
<i>letrozole tabs 2.5mg</i>	Tier 1	QL (1 tab / 1 day)
LYSODREN TABS 500mg	Tier 2	SP
<i>megestrol acetate susp 40mg/ml</i>	Tier 1	QL (480 mL / 30 days)
<i>megestrol acetate susp 40mg/ml, 400mg/10ml</i>	Tier 1	QL (16 mL / 1 day)
<i>megestrol acetate tabs 20mg, 40mg</i>	Tier 1	
<i>nilutamide tabs 150mg</i>	Tier 1	
NUBEQA TABS 300mg	Tier 3	SP, PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	Tier 1	QL (1 tab / 1 day)
XTANDI CAPS 40mg; TABS 40mg, 80mg	Tier 3	SP, PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	Tier 3	SP, PA, QL (0.75 caps / 1 day)
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO TBPK 40mg, 50mg, 60mg	Tier 3	SP, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	Tier 3	SP, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	Tier 3	SP, PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB 35-100MG	Tier 3	SP, PA
LONSURF TAB 15-6.14	Tier 3	SP, PA
LONSURF TAB 20-8.19	Tier 3	SP, PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAPS 150mg	Tier 3	SP, PA
BALVERSA TABS 3mg, 4mg, 5mg	Tier 3	SP, PA
BOSULIF TABS 100mg, 500mg	Tier 3	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRUKINSA CAPS 80mg	Tier 3	SP, PA
CABOMETYX TABS 20mg, 40mg, 60mg	Tier 3	SP, PA
CALQUENCE CAPS 100mg	Tier 3	SP, PA
CAPRELSA TABS 100mg, 300mg	Tier 2	SP, PA
COMETRIQ KIT 20mg	Tier 3	SP, PA, QL (0.036 kits / 1 day)
COMETRIQ KIT 100MG	Tier 3	SP, PA, QL (0.036 kits / 1 day)
COMETRIQ KIT 140MG	Tier 3	SP, PA, QL (0.036 kits / 1 day)
COTELLIC TABS 20mg	Tier 3	SP, PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Tier 1	SP, PA, QL (1 tab / 1 day)
FARYDAK CAPS 10mg, 15mg, 20mg	Tier 3	SP, PA, QL (12 caps / 21 days)
IBRANCE CAPS 75mg, 100mg, 125mg	Tier 3	SP, PA, QL (21 caps / 21 days)
IBRANCE TABS 75mg, 100mg, 125mg	Tier 3	SP, PA
IDHIFA TABS 50mg, 100mg	Tier 3	SP, PA, QL (1 tab / 1 day)
<i>imatinib mesylate tabs 100mg, 400mg</i>	Tier 1	SP, PA, QL (2 tabs / 1 day)
IMBRUVICA CAPS 70mg	Tier 3	SP, PA, QL (1 cap / 1 day)
IMBRUVICA CAPS 140mg	Tier 3	SP, PA, QL (4 caps / 1 day)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	Tier 3	SP, PA, QL (1 tab / 1 day)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	Tier 3	SP, PA, QL (2 tabs / 1 day)
KOSELUGO CAPS 10mg, 25mg	Tier 3	SP, PA
<i>lapatinib ditosylate tabs 250mg</i>	Tier 1	SP, PA
LYNPARZA TABS 100mg	Tier 3	SP, PA, QL (6 tabs / 1 day)
LYNPARZA TABS 150mg	Tier 3	SP, PA, QL (4 tabs / 1 day)
MEKINIST TABS .5mg, 2mg	Tier 3	SP, PA, QL (1 tab / 1 day)
NEXAVAR TABS 200mg	Tier 2	SP, PA, QL (4 tabs / 1 day)
NINLARO CAPS 2.3mg, 3mg, 4mg	Tier 3	SP, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	Tier 3	SP, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	Tier 3	SP, PA
PIQRAY 250MG TAB DOSE	Tier 3	SP, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	Tier 3	SP, PA
ROZLYTREK CAPS 100mg, 200mg	Tier 3	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUBRACA TABS 200mg, 250mg, 300mg	Tier 3	SP, PA
RYDAPT CAPS 25mg	Tier 3	SP, PA
SPRYCEL TABS 20mg, 70mg, 80mg, 100mg, 140mg	Tier 2	SP, PA, QL (1 tab / 1 day)
SPRYCEL TABS 50mg	Tier 2	SP, PA, QL (2 tabs / 1 day)
STIVARGA TABS 40mg	Tier 3	SP, PA, QL (3 tabs / 1 day)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 1	SP, PA, QL (1 cap / 1 day)
TAFINLAR CAPS 50mg, 75mg	Tier 3	SP, PA, QL (4 caps / 1 day)
TASIGNA CAPS 50mg	Tier 2	SP, PA, QL (4 caps / 1 day)
TASIGNA CAPS 150mg, 200mg	Tier 2	SP, PA
TAZVERIK TABS 200mg	Tier 3	SP, PA
TIBSOVO TABS 250mg	Tier 3	SP, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	Tier 3	SP, PA
VITRAKVI CAPS 25mg	Tier 3	SP, PA, QL (2 caps / 1 day)
VITRAKVI CAPS 100mg	Tier 3	SP, PA, QL (6 caps / 1 day)
VITRAKVI SOLN 20mg/ml	Tier 3	SP, PA, QL (10 mL / 1 day)
VOTRIENT TABS 200mg	Tier 2	SP, PA, QL (4 tabs / 1 day)
XALKORI CAPS 200mg, 250mg	Tier 3	SP, PA, QL (2 caps / 1 day)
XOSPATA TABS 40mg	Tier 3	SP, PA
ZEJULA CAPS 100mg	Tier 3	SP, PA, QL (1 cap / 1 day)
ZELBORAF TABS 240mg	Tier 3	SP, PA, QL (8 tabs / 1 day)
ZOLINZA CAPS 100mg	Tier 2	SP, QL (4 caps / 1 day)
ZYKADIA TABS 150mg	Tier 3	SP, PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE SOLN 2000000unit/0.5ml	Tier 3	SP
ALFERON N SOLN 5000000unit/ml	Tier 3	SP, PA
<i>bexarotene caps 75mg</i>	Tier 1	SP
<i>hydroxyurea caps 500mg</i>	Tier 1	
MATULANE CAPS 50mg	Tier 2	SP
<i>tretinoin (chemotherapy) caps 10mg</i>	Tier 1	
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MESNEX TABS 400mg	Tier 3	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide caps 50mg</i>	Tier 3	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUNCTIVE THERAPY</b>		
<i>carbidopa tabs 25mg</i>	Tier 1	
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Tier 1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Tier 1	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tabs 200mg</i>	Tier 1	
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl caps 100mg; soln 50mg/5ml</i>	Tier 1	
<i>amantadine hcl tabs 100mg</i>	Tier 2	
APOKYN SOCT 30mg/3ml	Tier 3	SP, QL (0.2 injections / 1 day)
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	Tier 1	
CARB/LEVO TAB 10-100MG	Tier 2	QL (8 tabs / 1 day)
CARB/LEVO TAB 25-100MG	Tier 2	QL (8 tabs / 1 day)
CARB/LEVO TAB 25-250MG	Tier 2	QL (8 tabs / 1 day)
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	QL (8 tabs / 1 day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
DHIVY TAB 25-100MG	Tier 3	QL (8 tabs / 1 day)
INBRIJA CAPS 42mg	Tier 3	SP, PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Tier 2	QL (1 patch / 1 day)
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Tier 1	
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Tier 1	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Tier 1	
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<i>rasagiline mesylate tabs .5mg, 1mg</i>	Tier 1	QL (1 tab / 1 day)
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Tier 1	
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	Tier 1	
<b>ANTIPSYCHOTICS - MISC.</b>		
EQUETRO CP12 100mg, 200mg, 300mg	Tier 2	
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	Tier 2	QL (1 tab / 1 day)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Tier 1	QL (2 caps / 1 day)
<b>BENZISOXAZOLES</b>		
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Tier 3	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml	Tier 3	QL (1 injection / 30 days)
INVEGA SUSTENNA SUSY 234mg/1.5ml	Tier 3	QL (1.5 injections / 30 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	Tier 3	QL (1 injection / 67 days)
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Tier 3	QL (1 tab / 1 day)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	Tier 2	
<i>risperidone soln 1mg/ml</i>	Tier 1	QL (8 mL / 1 day)
<i>risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .5mg, 1mg, 2mg, 3mg, 4mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>risperidone tbdp .25mg</i>	Tier 1	QL (8 ea / 1 day)
<b>BUTYROPHENONES</b>		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Tier 1	
<i>haloperidol lactate conc 2mg/ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIBENZAPINES</b>		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	Tier 1	
<i>clozapine tbdp 12.5mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>clozapine tbdp 25mg, 100mg</i>	Tier 1	QL (4 ea / 1 day)
<i>clozapine tbdp 150mg</i>	Tier 1	QL (6 ea / 1 day)
<i>clozapine tbdp 200mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Tier 1	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Tier 1	QL (1 tab / 1 day)
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>quetiapine fumarate tabs 300mg, 400mg; tb24 50mg, 150mg, 400mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>quetiapine fumarate tb24 200mg, 300mg</i>	Tier 1	QL (1 tab / 1 day)
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	Tier 3	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Tier 1	
<i>compro supp 25mg</i>	Tier 1	
<i>fluphenazine decanoate soln 25mg/ml</i>	Tier 1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Tier 1	
<i>prochlorperazine supp 25mg</i>	Tier 1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Tier 1	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	Tier 3	PA
<i>aripiprazole soln 1mg/ml</i>	Tier 1	QL (10 mL / 1 day)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg</i>	Tier 1	QL (1 tab / 1 day)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	Tier 3	PA, QL (1 injection / 30 days)
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Tier 2	

### **THIOXANTHENES**

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
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### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20mg/ml</i>	Tier 1	SP, QL (30 mL / 1 day)
<i>abacavir sulfate tabs 300mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
APTIVUS CAPS 250mg	Tier 2	SP, QL (4 caps / 1 day)
<i>atazanavir sulfate caps 150mg, 300mg</i>	Tier 1	SP, QL (1 cap / 1 day)
<i>atazanavir sulfate caps 200mg</i>	Tier 1	SP, QL (2 caps / 1 day)
BIKTARVY TAB	Tier 2	SP, QL (1 tab / 1 day)
CIMDUO TAB 300-300	Tier 2	SP, QL (1 tab / 1 day)
COMPLERA TAB	Tier 2	SP, QL (1 tab / 1 day)
DELSTRIGO TAB	Tier 2	SP, QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	Tier 2	SP, QL (1 tab / 1 day); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	Tier 2	SP, QL (1 tab / 1 day)
EDURANT TABS 25mg	Tier 3	SP, QL (1 tab / 1 day)
<i>efavirenz caps 50mg, 200mg</i>	Tier 1	SP, QL (1 cap / 1 day)
<i>efavirenz tabs 600mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>emtricitabine caps 200mg</i>	Tier 1	SP, QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	SP, QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	SP, QL (1 tab / 1 day); \$0 copay for pre-exposure prophylaxis
EMTRIVA SOLN 10mg/ml	Tier 2	SP, QL (2.5 mL / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etravirine tabs 100mg, 200mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	Tier 2	SP, QL (30 tabs / 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	Tier 1	SP, QL (4 tabs / 1 day)
FUZEON SOLR 90mg	Tier 2	SP
GENVOYA TAB	Tier 2	SP, QL (1 tab / 1 day)
INTELENCE TABS 25mg	Tier 2	SP, QL (4 tabs / 1 day)
INVIRASE TABS 500mg	Tier 2	SP, QL (7 tabs / 1 day)
ISENTRESS CHEW 25mg, 100mg; TABS 400mg	Tier 2	SP, QL (2 tabs / 1 day)
ISENTRESS PACK 100mg	Tier 2	SP
ISENTRESS HD TABS 600mg	Tier 2	SP, QL (2 tabs / 1 day)
JULUCA TAB 50-25MG	Tier 2	SP, QL (1 tab / 1 day)
<i>lamivudine soln 10mg/ml</i>	Tier 1	SP
<i>lamivudine tabs 150mg, 300mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	SP
LEXIVA SUSP 50mg/ml	Tier 2	SP, QL (120 mL / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	SP, QL (20 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	SP, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	SP, QL (4 tabs / 1 day)
NEVIRAPINE SUSP 50mg/5ml	Tier 2	SP
<i>nevirapine tabs 200mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
<i>nevirapine tb24 100mg</i>	Tier 1	SP, QL (4 tabs / 1 day)
<i>nevirapine tb24 400mg</i>	Tier 1	SP, QL (1 tab / 1 day)
NORVIR PACK 100mg; SOLN 80mg/ml	Tier 2	SP
ODEFSEY TAB	Tier 2	SP, QL (1 tab / 1 day)
PIFELTRO TABS 100mg	Tier 2	SP, QL (1 tab / 1 day)
PREZCOBIX TAB 800-150	Tier 2	SP, QL (30 tabs / 30 days)
PREZISTA SUSP 100mg/ml	Tier 2	SP, QL (13.333 mL / 1 day)
PREZISTA TABS 75mg	Tier 2	SP, QL (16 tabs / 1 day)
PREZISTA TABS 150mg	Tier 2	SP, QL (8 tabs / 1 day)
PREZISTA TABS 600mg	Tier 2	SP, QL (2 tabs / 1 day)
PREZISTA TABS 800mg	Tier 2	SP, QL (1 tab / 1 day)
REYATAZ PACK 50mg	Tier 2	SP
<i>ritonavir tabs 100mg</i>	Tier 1	SP
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	Tier 2	SP
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	Tier 1	SP, QL (2 caps / 1 day)
STRIBILD TAB	Tier 2	SP, QL (1 tab / 1 day)
SYMTUZA TAB	Tier 2	SP, QL (1 tab / 1 day)
TEMIXYS TAB 300-300	Tier 2	SP, QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Tier 1	SP, QL (1 tab / 1 day)
TIVICAY TABS 10mg, 25mg, 50mg	Tier 2	SP, QL (2 tabs / 1 day)
TIVICAY PD TBSO 5mg	Tier 2	SP, QL (6 tabs / 1 day)
TRIUMEQ TAB	Tier 2	SP, QL (1 tab / 1 day)
TYBOST TABS 150mg	Tier 2	SP, QL (1 tab / 1 day)
VIRACEPT TABS 250mg, 625mg	Tier 2	SP, QL (4 tabs / 1 day)
VIREAD POWD 40mg/gm	Tier 2	SP, QL (1 gm / 1 day)
VIREAD TABS 150mg, 200mg, 250mg	Tier 2	SP, QL (1 tab / 1 day)
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	Tier 1	SP

### **CMV AGENTS**

PREVYMIS TABS 240mg, 480mg	Tier 3	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	Tier 1	

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tabs 10mg</i>	Tier 1	SP, QL (1 tab / 1 day)
BARACLUDE SOLN .05mg/ml	Tier 2	SP, QL (6 mL / 1 day)
<i>entecavir tabs .5mg, 1mg</i>	Tier 1	SP, QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	Tier 3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	Tier 3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	Tier 3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	Tier 3	SP, PA; For genotypes 1, 2, 3, 4, 5, 6
EPIVIR HBV SOLN 5mg/ml	Tier 2	SP
HARVONI PAK	Tier 3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI PAK 45-200MG	Tier 3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI TAB 45-200MG	Tier 3	SP, PA; For genotypes 1, 4, 5, and 6
HARVONI TAB 90-400MG	Tier 3	SP, PA, QL (1 tab / 1 day); For genotypes 1, 4, 5, and 6
<i>lamivudine (hcv) tabs 100mg</i>	Tier 1	SP, QL (3 tabs / 1 day)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 3	SP, PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	Tier 1	SP, PA
SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg	Tier 3	SP, PA
VEMLIDY TABS 25mg	Tier 3	SP, QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOSEVI TAB	Tier 3	SP, PA; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)

### **HERPES AGENTS**

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Tier 1	
<i>famciclovir tabs 125mg, 250mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>famciclovir tabs 500mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>valacyclovir hcl tabs 1gm</i>	Tier 1	QL (3 tabs / 1 day)
<i>valacyclovir hcl tabs 500mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>valacyclovir hcl tabs 1000mg</i>	Tier 1	QL (60 tabs / 30 days)

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	Tier 1	QL (20 ea / 180 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	Tier 1	QL (150 mL / 180 days)
RELENZA DISKHALER AEPB 5mg/blister	Tier 3	QL (0.005 inhalers / 1 day)
<i>rimantadine hydrochloride tabs 100mg</i>	Tier 1	QL (0.5 tabs / 1 day)

### **RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS**

<i>ribavirin solr 6gm</i>	Tier 3	PA
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### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Tier 1	QL (1 cap / 1 day)
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	Tier 1	

#### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl caps 200mg, 400mg</i>	Tier 1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	Tier 1	QL (1 tab / 1 day)
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Tier 1	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Tier 1	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	Tier 1	
<i>nebivolol hcl tabs 2.5mg, 5mg</i>	Tier 1	
<i>nebivolol hcl tabs 10mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>nebivolol hcl tabs 20mg</i>	Tier 1	QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Tier 1	
<i>pindolol tabs 5mg, 10mg</i>	Tier 2	
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg</i>	Tier 1	QL (1 cap / 1 day)
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Tier 1	
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Tier 1	
<i>sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg</i>	Tier 1	
<i>timolol maleate tabs 5mg, 10mg</i>	Tier 1	

### **CALCIUM CHANNEL BLOCKERS**

#### **CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Tier 1	QL (2 tabs / 1 day)
CARDIZEM LA TB24 120mg	Tier 2	QL (1 tab / 1 day)
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	Tier 1	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	Tier 1	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 30mg, 60mg, 90mg, 120mg</i>	Tier 1	
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg</i>	Tier 1	
<i>diltiazem hcl coated beads cp24 360mg</i>	Tier 1	QL (1 cap / 1 day)
<i>diltiazem hcl coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 1	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 1	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>isradipine caps 2.5mg, 5mg</i>	Tier 1	QL (4 caps / 1 day)
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 1	QL (1 tab / 1 day)
<i>nicardipine hcl caps 20mg, 30mg</i>	Tier 1	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	Tier 1	
<i>nimodipine caps 30mg</i>	Tier 1	QL (8.4 caps / 1 day)
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	Tier 1	QL (1 tab / 1 day)
NYMALIZE SOLN 6mg/ml	Tier 3	
<i>taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Tier 1	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg</i>	Tier 1	

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

<i>digitek tabs 125mcg, 250mcg</i>	Tier 1	
<i>digox tabs 125mcg, 250mcg</i>	Tier 1	
<i>digoxin tabs .125mg, 250mcg</i>	Tier 1	
LANOXIN TABS 62.5mcg	Tier 3	

## **CARDIOVASCULAR AGENTS - MISC.**

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	QL (1 tab / 1 day)
BIDIL TAB	Tier 3	QL (6 tabs / 1 day)
ENTRESTO TAB 24-26MG	Tier 2	QL (2 tabs / 1 day)
ENTRESTO TAB 49-51MG	Tier 2	QL (2 tabs / 1 day)
ENTRESTO TAB 97-103MG	Tier 2	QL (2 tabs / 1 day)

### **IMPOTENCE AGENTS**

CAVERJECT SOLR 20mcg, 40mcg	Tier 3	PA, QL (6 vials / 30 days)
CAVERJECT IMPULSE KIT 10mcg	Tier 3	PA, QL (6 each / 30 days)
CAVERJECT IMPULSE KIT 20mcg	Tier 3	PA, QL (6 kits / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EDEX KIT 10mcg	Tier 3	PA, QL (6 each / 30 days)
EDEX KIT 20mcg, 40mcg	Tier 3	PA, QL (6 kits / 30 days)
MUSE PLLT 250mcg, 500mcg, 1000mcg	Tier 3	PA, QL (6 sup / 30 days)
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	Tier 1	PA, QL (6 tabs / 30 days)
<i>tadalafil tabs 2.5mg, 5mg</i>	Tier 1	QL (1 tab / 1 day)
<i>tadalafil tabs 10mg, 20mg</i>	Tier 1	PA, QL (6 tabs / 30 days)
<i>vardenafil hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Tier 1	PA, QL (6 tabs / 30 days)

### **PROSTAGLANDIN VASODILATORS**

ORENITRAM TBCR 1mg	Tier 3	SP, PA, QL (8 tabs / 1 day)
ORENITRAM TBCR .125mg, .25mg, 2.5mg	Tier 3	SP, PA, QL (4 tabs / 1 day)
TYVASO SOLN .6mg/ml	Tier 3	SP, PA, QL (87 mL / 30 days)
TYVASO REFILL SOLN .6mg/ml	Tier 3	SP, PA, QL (87 mL / 30 days)
TYVASO STARTER SOLN .6mg/ml	Tier 3	SP, PA, QL (87 mL / 30 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Tier 3	SP, PA

### **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR**

#### **ANTAGONISTS**

<i>ambrisentan tabs 5mg, 10mg</i>	Tier 1	SP, PA, QL (1 tab / 1 day)
<i>bosentan tabs 62.5mg</i>	Tier 1	SP, PA, QL (4 tabs / 1 day)
<i>bosentan tabs 125mg</i>	Tier 1	SP, PA, QL (2 tabs / 1 day)

### **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

<i>alyq tabs 20mg</i>	Tier 3	SP, PA, QL (2 tabs / 1 day)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	Tier 1	SP, PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Tier 1	SP, PA, QL (90 tabs / 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Tier 3	SP, PA, QL (2 tabs / 1 day)

### **PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Tier 3	SP, PA
UPTRAVI TAB 200/800	Tier 3	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Tier 3	SP, PA, QL (90 tabs / 30 days)
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<b>SINUS NODE INHIBITORS</b>		
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CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	Tier 2	
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<b>TRANSTHYRETIN STABILIZERS</b>		
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VYNDAMAX CAPS 61mg	Tier 3	SP, PA
VYNDAQEL CAPS 20mg	Tier 3	SP, PA

<b>CEPHALOSPORINS</b>		
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<b>CEPHALOSPORINS - 1ST GENERATION</b>		
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<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Tier 1	
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<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
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<b>CEPHALOSPORINS - 2ND GENERATION</b>		
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<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	Tier 1	
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CEFACLOR ER TB12 500mg	Tier 2	
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<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
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<i>cefuroxime axetil tabs 250mg, 500mg</i>	Tier 1	
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<b>CEPHALOSPORINS - 3RD GENERATION</b>		
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<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Tier 1	
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<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	Tier 1	
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<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	Tier 1	
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SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	Tier 2	
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<b>CONTRACEPTIVES</b>		
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<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
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<i>afirmelle</i>	Tier 1	\$0 copay
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<i>altavera</i>	Tier 1	\$0 copay
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<i>alyacen 1/35</i>	Tier 1	\$0 copay
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<i>alyacen 7/7/7</i>	Tier 1	\$0 copay
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<i>amethia</i>	Tier 1	\$0 copay
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<i>amethyst</i>	Tier 1	\$0 copay
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<i>apri</i>	Tier 1	\$0 copay
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<i>aranelle</i>	Tier 1	\$0 copay
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<i>ashlyna</i>	Tier 1	\$0 copay
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<i>aubra</i>	Tier 1	\$0 copay
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aubra eq</i>	Tier 1	\$0 copay
<i>aurovela 1.5/30</i>	Tier 1	\$0 copay
<i>aurovela 1/20</i>	Tier 1	\$0 copay
<i>aurovela fe 1.5/30</i>	Tier 1	\$0 copay
<i>aurovela fe 1/20</i>	Tier 1	\$0 copay
<i>aviane</i>	Tier 1	\$0 copay
<i>ayuna</i>	Tier 1	\$0 copay
<i>balziva</i>	Tier 1	\$0 copay
<i>blisovi fe 1.5/30</i>	Tier 1	\$0 copay
<i>blisovi fe 1/20</i>	Tier 1	\$0 copay
<i>briellyn</i>	Tier 1	\$0 copay
<i>camrese</i>	Tier 1	\$0 copay
<i>camrese lo</i>	Tier 1	\$0 copay
<i>caziant</i>	Tier 1	\$0 copay
<i>charlotte 24 fe</i>	Tier 1	\$0 copay
<i>chateal</i>	Tier 1	\$0 copay
<i>chateal eq</i>	Tier 1	\$0 copay
<i>cryselle-28</i>	Tier 1	\$0 copay
<i>cyclafem 1/35</i>	Tier 1	\$0 copay
<i>cyclafem 7/7/7</i>	Tier 1	\$0 copay
<i>cyred</i>	Tier 1	\$0 copay
<i>cyred eq</i>	Tier 1	\$0 copay
<i>dasetta 1/35</i>	Tier 1	\$0 copay
<i>dasetta 7/7/7</i>	Tier 1	\$0 copay
<i>daysee</i>	Tier 1	\$0 copay
<i>delyla</i>	Tier 1	\$0 copay
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	\$0 copay
<i>dolishale</i>	Tier 1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 1	\$0 copay
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Tier 1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	\$0 copay
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	\$0 copay
<i>elinest</i>	Tier 1	\$0 copay
<i>emoquette</i>	Tier 1	\$0 copay
<i>enpresse-28</i>	Tier 1	\$0 copay
<i>enskyce</i>	Tier 1	\$0 copay
<i>estarylla</i>	Tier 1	\$0 copay
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	\$0 copay
<i>falmina</i>	Tier 1	\$0 copay
<i>fayosim</i>	Tier 1	\$0 copay
<i>femynor</i>	Tier 1	\$0 copay
<i>gemmily</i>	Tier 1	\$0 copay
<i>hailey 1.5/30</i>	Tier 1	\$0 copay
<i>hailey fe 1.5/30</i>	Tier 1	\$0 copay
<i>hailey fe 1/20</i>	Tier 1	\$0 copay
<i>iclevia</i>	Tier 1	\$0 copay
<i>introvale</i>	Tier 1	\$0 copay
<i>isibloom</i>	Tier 1	\$0 copay
<i>jaimiess</i>	Tier 1	\$0 copay
<i>jasmiel</i>	Tier 1	\$0 copay
<i>jolessa</i>	Tier 1	\$0 copay
<i>juleber</i>	Tier 1	\$0 copay
<i>junel 1.5/30</i>	Tier 1	\$0 copay
<i>junel 1/20</i>	Tier 1	\$0 copay
<i>junel fe 1.5/30</i>	Tier 1	\$0 copay
<i>junel fe 1/20</i>	Tier 1	\$0 copay
<i>kaitlib fe</i>	Tier 1	\$0 copay
<i>kalliga</i>	Tier 1	\$0 copay
<i>kelnor 1/35</i>	Tier 1	\$0 copay
<i>kelnor 1/35</i>	Tier 1	\$0 copay
<i>kelnor 1/50</i>	Tier 1	\$0 copay
<i>kurvelo</i>	Tier 1	\$0 copay
<i>larin 1.5/30</i>	Tier 1	\$0 copay
<i>larin 1/20</i>	Tier 1	\$0 copay
<i>larin fe 1.5/30</i>	Tier 1	\$0 copay
<i>larin fe 1/20</i>	Tier 1	\$0 copay
<i>larissia</i>	Tier 1	\$0 copay
<i>layolis fe</i>	Tier 1	\$0 copay
<i>leena</i>	Tier 1	\$0 copay
<i>lessina</i>	Tier 1	\$0 copay
<i>levonest</i>	Tier 1	\$0 copay
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	Tier 1	\$0 copay
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1	\$0 copay
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1	\$0 copay
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	\$0 copay
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	\$0 copay
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	\$0 copay
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 1	\$0 copay
<i>levora 0.15/30-28</i>	Tier 1	\$0 copay
<i>lillow</i>	Tier 1	\$0 copay
LO LOESTRIN TAB 1-10-10	Tier 2	\$0 copay
<i>lo-zumandimine</i>	Tier 1	\$0 copay
<i>loestrin 1.5/30-21</i>	Tier 1	\$0 copay
<i>loestrin 1/20-21</i>	Tier 1	\$0 copay
<i>loestrin fe 1.5/30</i>	Tier 1	\$0 copay
<i>loestrin fe 1/20</i>	Tier 1	\$0 copay
<i>lojaimiess</i>	Tier 1	\$0 copay
<i>loryna</i>	Tier 1	\$0 copay
<i>low-ogestrel</i>	Tier 1	\$0 copay
<i>lutra</i>	Tier 1	\$0 copay
<i>marlissa</i>	Tier 1	\$0 copay
<i>merzee</i>	Tier 1	\$0 copay
<i>microgestin 1.5/30</i>	Tier 1	\$0 copay
<i>microgestin 1/20</i>	Tier 1	\$0 copay
<i>microgestin fe 1.5/30</i>	Tier 1	\$0 copay
<i>microgestin fe 1/20</i>	Tier 1	\$0 copay
<i>mili</i>	Tier 1	\$0 copay
<i>mono-linyah</i>	Tier 1	\$0 copay
NATAZIA TAB	Tier 2	\$0 copay
<i>necon 0.5/35-28</i>	Tier 1	\$0 copay
<i>nikki</i>	Tier 1	\$0 copay
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 1	\$0 copay
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 1	\$0 copay
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 1	\$0 copay
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Tier 1	\$0 copay
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 1	\$0 copay
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Tier 1	\$0 copay
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Tier 1	\$0 copay
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Tier 1	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	\$0 copay
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	\$0 copay
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	\$0 copay
<i>nortrel 0.5/35 (28)</i>	Tier 1	\$0 copay
<i>nortrel 1/35</i>	Tier 1	\$0 copay
<i>nortrel 7/7/7</i>	Tier 1	\$0 copay
<i>nylia 1/35</i>	Tier 1	\$0 copay
<i>nylia 7/7/7</i>	Tier 1	\$0 copay
<i>nymyo</i>	Tier 1	\$0 copay
<i>ocella</i>	Tier 1	\$0 copay
<i>orsythia</i>	Tier 1	\$0 copay
<i>philith</i>	Tier 1	\$0 copay
<i>pirmella 1/35</i>	Tier 1	\$0 copay
<i>pirmella 7/7/7</i>	Tier 1	\$0 copay
<i>portia-28</i>	Tier 1	\$0 copay
<i>previfem</i>	Tier 1	\$0 copay
<i>reclipsen</i>	Tier 1	\$0 copay
<i>rivelsa</i>	Tier 1	\$0 copay
<i>setlakin</i>	Tier 1	\$0 copay
<i>simpesse</i>	Tier 1	\$0 copay
<i>sprintec 28</i>	Tier 1	\$0 copay
<i>sronyx</i>	Tier 1	\$0 copay
<i>syeda</i>	Tier 1	\$0 copay
<i>tarina fe 1/20</i>	Tier 1	\$0 copay
<i>tarina fe 1/20 eq</i>	Tier 1	\$0 copay
<i>taysofy</i>	Tier 1	\$0 copay
<i>tilia fe</i>	Tier 1	\$0 copay
<i>tri femynor</i>	Tier 1	\$0 copay
<i>tri-estarylla</i>	Tier 1	\$0 copay
<i>tri-legest fe</i>	Tier 1	\$0 copay
<i>tri-linyah</i>	Tier 1	\$0 copay
<i>tri-lo-estarylla</i>	Tier 1	\$0 copay
<i>tri-lo-marzia</i>	Tier 1	\$0 copay
<i>tri-lo-mili</i>	Tier 1	\$0 copay
<i>tri-lo-sprintec</i>	Tier 1	\$0 copay
<i>tri-mili</i>	Tier 1	\$0 copay
<i>tri-nymyo</i>	Tier 1	\$0 copay
<i>tri-previfem</i>	Tier 1	\$0 copay
<i>tri-sprintec</i>	Tier 1	\$0 copay
<i>tri-vylibra</i>	Tier 1	\$0 copay
<i>tri-vylibra lo</i>	Tier 1	\$0 copay
<i>trivora-28</i>	Tier 1	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tydemy</i>	Tier 1	\$0 copay
<i>velivet</i>	Tier 1	\$0 copay
<i>vestura</i>	Tier 1	\$0 copay
<i>vienva</i>	Tier 1	\$0 copay
<i>vyfemla</i>	Tier 1	\$0 copay
<i>vylibra</i>	Tier 1	\$0 copay
<i>wera</i>	Tier 1	\$0 copay
<i>wymzya fe</i>	Tier 1	\$0 copay
<i>zovia 1/35</i>	Tier 1	\$0 copay
<i>zovia 1/35e</i>	Tier 1	\$0 copay
<i>zumandimine</i>	Tier 1	\$0 copay

### **COMBINATION CONTRACEPTIVES - TRANSDERMAL**

<i>xulane</i>	Tier 1	\$0 copay
<i>zafemy</i>	Tier 1	\$0 copay

### **COMBINATION CONTRACEPTIVES - VAGINAL**

<i>eluryng</i>	Tier 1	QL (13 rings / 300 days); \$0 copay
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1	QL (13 rings / 300 days); \$0 copay

### **EMERGENCY CONTRACEPTIVES**

<i>aftera tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>afterpill tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>econtra ez tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>econtra one-step tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>my choice tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>my way tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>new day tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>opcicon one-step tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>option 2 tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>react tabs 1.5mg</i>	Tier 1	OTC; \$0 copay
<i>take action tabs 1.5mg</i>	Tier 1	OTC; \$0 copay

### **PROGESTIN CONTRACEPTIVES - INJECTABLE**

<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	Tier 3	QL (6.154 injections / 300 days); \$0 copay
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	Tier 1	QL (4 injections / 300 days); \$0 copay

### **PROGESTIN CONTRACEPTIVES - ORAL**

<i>camila tabs .35mg</i>	Tier 1	\$0 copay
<i>deblitane tabs .35mg</i>	Tier 1	\$0 copay
<i>errin tabs .35mg</i>	Tier 1	\$0 copay
<i>heather tabs .35mg</i>	Tier 1	\$0 copay
<i>incassia tabs .35mg</i>	Tier 1	\$0 copay

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jencycla tabs .35mg</i>	Tier 1	\$0 copay
<i>lyleq tabs .35mg</i>	Tier 1	\$0 copay
<i>lyza tabs .35mg</i>	Tier 1	\$0 copay
<i>nora-be tabs .35mg</i>	Tier 1	\$0 copay
<i>norethindrone (contraceptive) tabs .35mg</i>	Tier 1	\$0 copay
<i>norlyda tabs .35mg</i>	Tier 1	\$0 copay
<i>norlyroc tabs .35mg</i>	Tier 1	\$0 copay
<i>sharobel tabs .35mg</i>	Tier 1	\$0 copay
<i>tulana tabs .35mg</i>	Tier 1	\$0 copay

## **CORTICOSTEROIDS**

### **GLUCOCORTICOSTEROIDS**

<i>budesonide cpep 3mg</i>	Tier 1	QL (3 caps / 1 day)
<i>budesonide tb24 9mg</i>	Tier 1	QL (1 tab / 1 day)
<i>decadron tabs .5mg, .75mg, 4mg, 6mg</i>	Tier 1	
<i>dexamethasone elix .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Tier 1	
<i>dexamethasone soln .5mg/5ml</i>	Tier 2	
<i>hidex 6-day tbpk 1.5mg</i>	Tier 1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Tier 1	
MEDROL TABS 2mg	Tier 3	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Tier 1	
MILLIPRED TABS 5mg	Tier 1	
<i>prednisolone soln 15mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml; tbdp 10mg, 15mg, 30mg</i>	Tier 1	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	Tier 3	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml	Tier 2	
<i>taperdex 6-day tbpk 1.5mg</i>	Tier 1	

### **MINERALOCORTICIDS**

<i>fludrocortisone acetate tabs .1mg</i>	Tier 1	
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## **COUGH/COLD/ALLERGY**

### **ANTITUSSIVES**

<i>benzonatate caps 100mg</i>	Tier 1	QL (3 caps / 1 day)
<i>benzonatate caps 150mg</i>	Tier 1	
<i>benzonatate caps 200mg</i>	Tier 1	QL (90 caps / 30 days)
DEXTROMETHOR POW HBR	Tier 3	
DEXTROMETHOR POW HBR MONO	Tier 3	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	QL (16 mL / 1 day); Excludes children under 6 years
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	Tier 1	Excludes children under 6 years
<i>hydromet</i>	Tier 1	QL (16 mL / 1 day); Excludes children under 6 years

### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>alavert allergy/sinus</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>allergy relief d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>allergy relief d-12</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>allergy relief d-24</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>allergy relief-d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>allergy relief-d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>allergy relief/nasal deco</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>allergy-relief-d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>cvs allergy relief-d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>cvs allergy relief-d12</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>eq allergy relief nasal d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>eq allergy relief/nasal d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>eql allergy/congestion re</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>g tussin ac</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<b>GILPHEX TR TAB 10-388MG</b>	Tier 3	
<i>goodsense all day allergy</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>guaiatussin ac</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>guaifenesin ac</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>hm allergy &amp; congestion</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>hm allergy complete-d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>hm allergy relief &amp; nasal</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	QL (4 mL / 1 day); Excludes children under 6 years

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kls aller-tec d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>kls allerclear d-12 hr</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>kls allerclear d-24hr</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>loratadine-d 12hr</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>loratadine-d 24hr</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>maxi-tuss ac</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine vc</i>	Tier 1	
<i>promethazine vc/codeine</i>	Tier 1	Excludes children under 12 years
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	Excludes children under 12 years
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 1	Excludes children under 12 years
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<i>px allergy relief d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>px allergy relief d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>ra allergy &amp; congestion r</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>ra allergy relief &amp; nasal</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>ra allergy relief/nasal d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>ra cetiri-d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>ra lorata-d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>sb allergy relief/nasal d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>sm lorata-dine d</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>sm loratadine d 12hr</i>	Tier 1	QL (60 tabs / 1 day), OTC
<i>virtussin a/c</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>virtussin ac/alc</i>	Tier 1	OTC; Excludes children under 12 years; OTC
<i>wal-itin d</i>	Tier 1	QL (60 ea / 1 day), OTC
<i>wal-itin d 24 hour</i>	Tier 1	QL (30 tabs / 1 day), OTC
<i>wal-zyr d</i>	Tier 1	QL (60 ea / 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EXPECTORANTS</b>		
BROMHEXINE POW HCL	Tier 3	
GUAIFENESIN POW	Tier 1	
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride (inhalant) nebu .9%, 3%, 10%	Tier 1	
<b>MUCOLYTICS</b>		
ACETYLCYST POW	Tier 1	
acetylcysteine soln 10%, 20%	Tier 1	
N-ACETYL-L- POW CYSTEINE	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
acutane caps 10mg, 20mg, 40mg	Tier 1	QL (2 caps / 1 day)
acutane caps 30mg	Tier 3	QL (2 caps / 1 day)
adapalene crea .1%; gel .1%, .3%	Tier 1	QL (45 gm / 30 days)
amneestem caps 10mg, 20mg, 40mg	Tier 1	QL (2 caps / 1 day)
avar cleanser	Tier 1	
avar-e emollient	Tier 1	
avar-e green	Tier 1	
avita crea .025%; gel .025%	Tier 1	QL (45 gm / 30 days)
AZELEX CREA 20%	Tier 2	
benzoyl peroxide-erythromycin gel 5-3%	Tier 1	QL (46.6 gm / 30 days)
bp cleansing wash	Tier 1	
claravis caps 10mg, 20mg, 40mg	Tier 1	QL (2 caps / 1 day)
claravis caps 30mg	Tier 3	QL (2 ea / 1 day)
clindacin etz pledgets swab 1%	Tier 1	
clindacin-p swab 1%	Tier 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 1	
clindamycin phosphate (topical) foam 1%	Tier 1	QL (3.333 gm / 1 day)
clindamycin phosphate (topical) gel 1%; lotn 1%; soln 1%; swab 1%	Tier 1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Tier 1	QL (50 gm / 30 days)
DIFFERIN LOTN .1%	Tier 2	QL (59 mL / 30 days)
ery pads 2%	Tier 1	
erythromycin (acne aid) gel 2%; soln 2%	Tier 1	
FABIOR FOAM .1%	Tier 2	QL (50 gm / 30 days)
isotretinoin caps 10mg, 20mg, 25mg, 35mg	Tier 1	QL (2 caps / 1 day)
isotretinoin caps 30mg	Tier 3	QL (2 caps / 1 day)
isotretinoin caps 40mg	Tier 1	QL (2 ea / 1 day)
myorisan caps 10mg, 20mg, 40mg	Tier 1	QL (2 caps / 1 day)
myorisan caps 30mg	Tier 3	QL (2 caps / 1 day)
neuac	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOD SUL/SULF EMU 10-5%	Tier 1	QL (11.833 mL / 1 day)
SOD SUL/SULF SUS 10-5%	Tier 1	QL (11.367 gm / 1 day)
<i>sss 10%-5%</i>	Tier 1	
<i>sulfacetamide sodium (acne) lotn 10%</i>	Tier 1	QL (11.2 mL / 1 day)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Tier 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Tier 1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Tier 1	
TAZAROTENE FOAM .1%	Tier 2	QL (50 gm / 30 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	Tier 1	QL (45 gm / 30 days)
<i>tretinoin microsphere gel .04%, .1%</i>	Tier 1	QL (50 gm / 30 days)
<i>zenatane caps 10mg, 20mg, 40mg</i>	Tier 1	QL (2 caps / 1 day)
<i>zenatane caps 30mg</i>	Tier 3	QL (2 caps / 1 day)
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac epolamine ptch 1.3%</i>	Tier 1	QL (2 ea / 1 day)
<i>diclofenac sodium (topical) gel 1%</i>	Tier 1	QL (3.333 gm / 1 day)
<i>diclofenac sodium (topical) soln 1.5%</i>	Tier 1	QL (10 mL / 1 day)
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OINT 1%	Tier 3	QL (15 gm / 30 days)
CENTANY OINT 2%	Tier 3	QL (44 gm / 30 days)
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>mupirocin calcium (topical) crea 2%</i>	Tier 1	QL (30 gm / 30 days)
<b>ANTIFUNGALS - TOPICAL</b>		
<i>ciclodan soln 8%</i>	Tier 1	
<i>ciclopirox gel .77%; soln 8%</i>	Tier 1	
<i>ciclopirox sham 1%</i>	Tier 1	QL (8 mL / 1 day)
<i>ciclopirox olamine crea .77%; susp .77%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	
<i>corti-sav</i>	Tier 1	QL (0.967 gm / 1 day)
<i>dermazene</i>	Tier 1	QL (0.967 gm / 1 day)
<i>econazole nitrate crea 1%</i>	Tier 1	
ERTACZO CREA 2%	Tier 3	QL (2 gm / 1 day)
<i>iodoquinol-hc cream 1-1%</i>	Tier 1	QL (0.967 gm / 1 day)
<i>ketoconazole (topical) crea 2%</i>	Tier 1	QL (4 gm / 1 day)
<i>ketoconazole (topical) sham 2%</i>	Tier 1	QL (8 mL / 1 day)
<i>naftifine hcl crea 1%, 2%; gel 1%</i>	Tier 1	
NAFTIN GEL 2%	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nyamyc powd 100000unit/gm</i>	Tier 1	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystop powd 100000unit/gm</i>	Tier 1	
<i>oxiconazole nitrate crea 1%</i>	Tier 1	QL (2 gm / 1 day)
OXISTAT LOTN 1%	Tier 2	QL (2 mL / 1 day)
<i>sulconazole nitrate crea 1%; soln 1%</i>	Tier 1	

### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Tier 1	PA, QL (3.333 gm / 1 day)
FLUOROPLEX CREA 1%	Tier 2	QL (30 gm / 30 days)
<i>fluorouracil (topical) crea 5%</i>	Tier 1	QL (40 gm / 30 days)
<i>fluorouracil (topical) crea .5%</i>	Tier 1	QL (30 gm / 30 days)
<i>fluorouracil (topical) soln 2%, 5%</i>	Tier 1	QL (10 mL / 30 days)
PANRETIN GEL .1%	Tier 2	QL (2 gm / 1 day)
TARGETIN GEL 1%	Tier 2	SP
VALCHLOR GEL .016%	Tier 3	SP, PA, QL (2 gm / 1 day)

### **ANTIPRURITICS - TOPICAL**

<i>doxepin hcl (antipruritic) crea 5%</i>	Tier 1	PA, QL (1.5 gm / 1 day)
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### **ANTIPSORIATICS**

<i>acitretin caps 10mg, 17.5mg</i>	Tier 1	QL (1 cap / 1 day)
<i>acitretin caps 25mg</i>	Tier 1	QL (30 caps / 1 day)
<i>calcipotriene crea .005%</i>	Tier 1	QL (4 gm / 1 day)
<i>calcipotriene oint .005%</i>	Tier 1	QL (2 gm / 1 day)
<i>calcipotriene soln .005%</i>	Tier 1	QL (2 mL / 1 day)
<i>calcitrene oint .005%</i>	Tier 1	QL (2 gm / 1 day)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	Tier 3	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 3	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Tier 3	SP, PA; For pediatric patients less than 50kg
DRITHO-CREME HP CREA 1%	Tier 2	QL (1.667 gm / 1 day)
<i>methoxsalen rapid caps 10mg</i>	Tier 1	
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	Tier 3	SP, PA
SKYRIZI PEN SOAJ 150mg/ml	Tier 3	SP, PA
STELARA SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Tier 3	SP, PA
<i>tazarotene crea .1%</i>	Tier 1	QL (1 gm / 1 day)
TAZORAC CREA .05%	Tier 3	QL (1 gm / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAZORAC GEL .05%, .1%	Tier 2	QL (1 gm / 1 day)
ZITHRANOL SHAM 1%	Tier 3	QL (2.833 gm / 1 day)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotn 2.5%</i>	Tier 1	
<i>selenium sulfide sham 2.25%</i>	Tier 1	QL (6 mL / 1 day)
<i>sodium sulfacetamide wash liqd 10%</i>	Tier 1	QL (12 mL / 1 day)
<i>sulfacetamide sodium sham 10%</i>	Tier 1	QL (237 mL / 1 day)
<b>ANTIVIRALS - TOPICAL</b>		
<i>acyclovir topical crea 5%</i>	Tier 1	QL (5 gm / 30 days)
<i>acyclovir topical oint 5%</i>	Tier 1	QL (15 gm / 30 days)
DENAVIR CREA 1%	Tier 3	QL (5 gm / 30 days)
XERESE CRE 5-1%	Tier 3	QL (5 gm / 30 days)
<b>BURN PRODUCTS</b>		
<i>silver sulfadiazine crea 1%</i>	Tier 1	
<i>ssd crea 1%</i>	Tier 1	
SULFAMYLON CREA 85mg/gm	Tier 2	
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>ala-cort crea 2.5%</i>	Tier 1	
ALA-SCALP LOTN 2%	Tier 3	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Tier 1	
<i>amcinonide crea .1%; lotn .1%</i>	Tier 1	
APEXICON E CREA .05%	Tier 3	QL (2 gm / 1 day)
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	Tier 1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	Tier 1	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	Tier 1	
<i>betamethasone valerate foam .12%</i>	Tier 1	QL (3.333 gm / 1 day)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 1	QL (3.333 gm / 1 day)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 1	QL (8 gm / 1 day)
CAPEX SHAM .01%	Tier 2	
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	Tier 1	
<i>clobetasol propionate foam .05%</i>	Tier 1	QL (100 gm / 30 days)
<i>clobetasol propionate liqd .05%</i>	Tier 1	QL (59 mL / 30 days)
<i>clobetasol propionate lotn .05%; sham .05%</i>	Tier 1	QL (7.867 mL / 1 day)
<i>clobetasol propionate emo crea .05%</i>	Tier 1	
<i>clobetasol propionate emollient base crea .05%</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate emulsion foam .05%</i>	Tier 1	QL (3.333 gm / 1 day)
<i>clocortolone pivalate crea .1%</i>	Tier 1	
<i>clodan sham .05%</i>	Tier 1	QL (7.867 mL / 1 day)
CORDRAN TAPE 4mcg/sqcm	Tier 2	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Tier 1	
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	Tier 1	
<i>diflorasone diacetate crea .05%; oint .05%</i>	Tier 1	
EPIFOAM AER 1%	Tier 2	
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	Tier 1	
<i>fluocinonide crea .05%, .1%</i>	Tier 1	QL (4 gm / 1 day)
<i>fluocinonide gel .05%; oint .05%; soln .05%</i>	Tier 1	
<i>fluocinonide emulsified base crea .05%</i>	Tier 1	
<i>flurandrenolide crea .05%; lotn .05%; oint .05%</i>	Tier 1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	Tier 1	
<i>halcinonide crea .1%</i>	Tier 1	QL (4 gm / 1 day)
<i>halobetasol propionate crea .05%; oint .05%</i>	Tier 1	
HALOG OINT .1%	Tier 2	
<i>hydrocortisone (topical) crea 2.5%; lotn 2.5%; oint 2.5%</i>	Tier 1	
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Tier 1	
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	Tier 1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Tier 1	
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Tier 1	
<i>nolix crea .05%; lotn .05%</i>	Tier 1	
PANDEL CREA .1%	Tier 3	QL (2.667 gm / 1 day)
PRAMOSONE CRE 1-1%	Tier 3	
PRAMOSONE OIN 2.5%	Tier 3	
<i>pramoxine-hc cream 1-2.5%</i>	Tier 1	
<i>prednicarbate oint .1%</i>	Tier 1	
TEXACORT SOLN 2.5%	Tier 3	
<i>tovet foam .05%</i>	Tier 1	QL (3.333 gm / 1 day)
<i>triamcinolone acetonide (topical) aers .147mg/gm; crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	Tier 1	
<i>trianex oint .05%</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triderm crea .5%</i>	Tier 1	
<i>tritocin oint .05%</i>	Tier 1	
VERDESO FOAM .05%	Tier 3	QL (100 gm / 30 days)
<b>ECZEMA AGENTS</b>		
DUPIXENT SOPN 200mg/1.14ml; SOSY 200mg/1.14ml	Tier 3	SP, PA, QL (0.09 ml / 1 day)
DUPIXENT SOPN 300mg/2ml; SOSY 300mg/2ml	Tier 3	SP, PA, QL (0.15 ml / 1 day)
DUPIXENT SOSY 100mg/0.67ml	Tier 3	SP, PA, QL (0.048 ml / 1 day)
<b>ENZYMES - TOPICAL</b>		
SANTYL OINT 250unit/gm	Tier 2	
<b>HAIR GROWTH AGENTS</b>		
<i>bimatoprost (topical) soln .03%</i>	Tier 1	QL (5 mL / 30 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod crea 5%</i>	Tier 1	QL (24 ea / 46 days)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>pimecrolimus crea 1%</i>	Tier 1	QL (4 gm / 1 day)
<i>tacrolimus (topical) oint .03%, .1%</i>	Tier 1	QL (4 gm / 1 day)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
CONDYLOX GEL .5%	Tier 3	QL (0.117 gm / 1 day)
<i>keralyt sham 6%</i>	Tier 1	QL (177 mL / 1 day)
<i>podofilox soln .5%</i>	Tier 1	QL (3.5 mL / 1 day)
<i>salicylic acid sham 6%</i>	Tier 1	QL (177 mL / 1 day)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
ANACAINE OINT 10%	Tier 2	
<i>glydo prsy 2%</i>	Tier 1	
<i>lido-sorb lotn 3%</i>	Tier 1	QL (5.9 mL / 1 day)
LIDOCA/TETRA CRE 7/7%	Tier 3	
<i>lidocaine oint 5%</i>	Tier 1	PA, QL (50 gm / 25 days)
<i>lidocaine ptch 5%</i>	Tier 1	QL (2 ea / 1 day)
<i>lidocaine ptch 5%</i>	Tier 1	QL (2 patches / 1 day)
<i>lidocaine hcl crea 3%; gel 2%; prsy 2%</i>	Tier 1	
<i>lidocaine hcl lotn 3%</i>	Tier 1	QL (5.9 mL / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	
<i>lidopin crea 3%</i>	Tier 1	
PLIAGLIS CRE 7-7%	Tier 3	
<i>proxivol gel 2%</i>	Tier 1	
SYNERA DIS 70-70MG	Tier 2	QL (0.067 patches / 1 day)
<i>7t lido gel gel 2%</i>	Tier 1	
<i>zionodil lotn 3%</i>	Tier 1	QL (5.9 mL / 1 day)
<i>zionodil 100 lotn 3%</i>	Tier 1	QL (5.9 mL / 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
ATOPICLAIR CRE	Tier 2	QL (200 gm / 30 days)
<b>MISC. TOPICAL</b>		
DRYSOL SOLN 20%	Tier 3	
XERAC AC SOLN 6.25%	Tier 2	QL (2 mL / 1 day)
<b>ROSACEA AGENTS</b>		
azelaic acid gel 15%	Tier 1	QL (50 gm / 30 days)
FINACEA FOAM 15%	Tier 2	QL (50 gm / 30 days)
metronidazole (topical) crea .75%; gel .75%	Tier 1	QL (45 gm / 30 days)
metronidazole (topical) gel 1%	Tier 1	QL (60 gm / 30 days)
metronidazole (topical) lotn .75%	Tier 1	QL (60 mL / 30 days)
MIRVASO GEL .33%	Tier 3	PA, QL (30 gm / 30 days)
rosadan crea .75%; gel .75%	Tier 1	QL (45 gm / 30 days)
<b>SCABICIDES &amp; PEDICULICIDES</b>		
crotan lotn 10%	Tier 1	
lindane sham 1%	Tier 1	
malathion lotn .5%	Tier 1	
permethrin crea 5%	Tier 1	
ra lice treatment lotn 1%	Tier 1	OTC
sm lice treatment lotn 1%	Tier 1	OTC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL .01%	Tier 3	PA
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC TESTS</b>		
ACCU-CHEK TES AVIVA PL	Tier 2	QL (6.8 strips / 1 day), OTC
ACCU-CHEK TES COMPACT	Tier 2	QL (6.8 strips / 1 day), OTC
ACCU-CHEK TES GUIDE	Tier 2	QL (6.8 strips / 1 day), OTC
ACCU-CHEK TES SMART	Tier 2	QL (6.8 strips / 1 day), OTC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
westab max	Tier 1	
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNT	Tier 2	
CREON CAP 24000UNT	Tier 2	
CREON CAP 36000UNT	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUCRAID SOLN 8500unit/ml	Tier 2	SP
VIOKACE TAB 10440	Tier 2	
VIOKACE TAB 20880	Tier 2	
ZENPEP CAP 3000UNIT	Tier 2	
ZENPEP CAP 5000UNIT	Tier 2	
ZENPEP CAP 10000UNT	Tier 2	
ZENPEP CAP 15000UNT	Tier 2	
ZENPEP CAP 20000UNT	Tier 2	
ZENPEP CAP 25000	Tier 2	
ZENPEP CAP 40000	Tier 2	

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	Tier 1
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<i>methazolamide tabs 25mg, 50mg</i>	Tier 1
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### **DIURETIC COMBINATIONS**

<i>ALDACTAZIDE TAB 50/50</i>	Tier 3
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<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1
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<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1
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<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1
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<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1
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<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1
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### **LOOP DIURETICS**

<i>bumetanide tabs .5mg, 1mg, 2mg</i>	Tier 1
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<i>ethacrynic acid tabs 25mg</i>	Tier 1
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<i>furosemide soln 8mg/ml, 10mg/ml; tabs 20mg, 40mg, 80mg</i>	Tier 1
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<i>soanz tabs 20mg</i>	Tier 1
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<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Tier 1
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### **POTASSIUM SPARING DIURETICS**

<i>amiloride hcl tabs 5mg</i>	Tier 1
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<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Tier 1
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<i>triamterene caps 50mg, 100mg</i>	Tier 1
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### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone tabs 25mg, 50mg</i>	Tier 1
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<i>DIURIL SUSP 250mg/5ml</i>	Tier 3
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<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Tier 1
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<i>indapamide tabs 1.25mg, 2.5mg</i>	Tier 1
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<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Tier 1
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Drug Name	Drug Tier	Requirements/Limits
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**ENDOCRINE AND METABOLIC AGENTS - MISC.**

**BONE DENSITY REGULATORS**

<i>alendronate sodium soln 70mg/75ml</i>	Tier 1	QL (300 mL / 30 days)
<i>alendronate sodium tabs 5mg, 10mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>alendronate sodium tabs 35mg, 70mg</i>	Tier 1	QL (0.15 tabs / 1 day)
<i>calcitonin (salmon) soln 200unit/act</i>	Tier 1	QL (3.7 mL / 30 days)
<i>calcitonin (salmon) soln 200unit/ml</i>	Tier 1	PA, QL (15 vials / 30 days)
FORTEO SOPN 620mcg/2.48ml	Tier 3	SP, QL (0.045 pens / 1 day)
FOSAMAX + D TAB 70-2800	Tier 2	QL (4 tabs / 30 days)
FOSAMAX + D TAB 70-5600	Tier 2	QL (4 tabs / 30 days)
<i>ibandronate sodium tabs 150mg</i>	Tier 1	QL (1 tab / 30 days)
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	Tier 3	SP, PA, QL (2 cartridges / 21 days)
<i>risedronate sodium tabs 5mg, 30mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>risedronate sodium tabs 35mg; tbec 35mg</i>	Tier 1	QL (4 tabs / 30 days)
<i>risedronate sodium tabs 150mg</i>	Tier 1	QL (1 tab / 30 days)
TYMLOS SOPN 3120mcg/1.56ml	Tier 3	SP, QL (0.036 pens / 1 day)

**GNRH/LHRH ANTAGONISTS**

ORILISSA TABS 150mg, 200mg	Tier 2	PA
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**GROWTH HORMONES**

GENOTROPIN SOLR 5mg, 12mg	Tier 3	SP, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 3	SP, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	Tier 3	SP, PA

**HORMONE RECEPTOR MODULATORS**

<i>raloxifene hcl tabs 60mg</i>	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
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**INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

INCRELEX SOLN 40mg/4ml	Tier 3	SP
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**METABOLIC MODIFIERS**

BETAINE ANHY POW	Tier 2	SP
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	Tier 1	
<i>carglumic acid tabs 200mg</i>	Tier 1	SP
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
CYSTADANE POW	Tier 2	SP
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	Tier 1	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	Tier 1	SP
NITYR TABS 2mg, 5mg, 10mg	Tier 3	SP, PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	Tier 2	SP
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	Tier 1	
RAVICTI LIQD 1.1gm/ml	Tier 3	SP, PA, QL (17.5 mL / 1 day)
<i>sodium phenylbutyrate tabs 500mg</i>	Tier 3	SP, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	Tier 3	SP, PA

### **MINERALOCORTICOID RECEPTOR ANTAGONISTS**

KERENDIA TABS 10mg, 20mg	Tier 2	PA, QL (1 tab / 1 day)
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### **POSTERIOR PITUITARY HORMONES**

DESMOPRESSIN ACETATE SOLN 1.5mg/ml	Tier 3	SP, PA
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	Tier 1	
<i>desmopressin acetate spray soln .01%</i>	Tier 1	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	Tier 1	
STIMATE SOLN 1.5mg/ml	Tier 3	SP, PA

### **PROLACTIN INHIBITORS**

<i>cabergoline tabs .5mg</i>	Tier 1	
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### **SOMATOSTATIC AGENTS**

LANREOTIDE ACETATE SOLN 120mg/0.5ml	Tier 3	SP, PA, QL (0.036 syringes / 1 day)
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 3	SP, PA, QL (2 ampules / 1 day)
SOMATULINE DEPOT SOLN 60mg/0.2ml	Tier 3	SP, PA, QL (0.054 syringes / 1 day)
SOMATULINE DEPOT SOLN 90mg/0.3ml, 120mg/0.5ml	Tier 3	SP, PA, QL (0.036 syringes / 1 day)

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

JYNARQUE TABS 15mg, 30mg	Tier 3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE TBPK 15mg	Tier 3	SP, PA
JYNARQUE PAK 30-15MG	Tier 3	SP, PA
JYNARQUE PAK 45-15MG	Tier 3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE PAK 60-30MG	Tier 3	SP, PA, QL (2 tabs / 1 day)
JYNARQUE PAK 90-30MG	Tier 3	SP, PA, QL (2 tabs / 1 day)
SAMSCA TABS 15mg	Tier 3	SP, PA, QL (2 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolvaptan tabs 30mg</i>	Tier 1	SP, PA, QL (2 tabs / 1 day)

## **ESTROGENS**

### **ESTROGEN COMBINATIONS**

<i>amabelz</i>	Tier 1	QL (1 tab / 1 day)
ANGELIQ TAB 0.5-1MG	Tier 3	QL (1 tab / 1 day)
ANGELIQ TAB 0.25-0.5	Tier 3	QL (1 tab / 1 day)
CLIMARA PRO DIS WEEKLY	Tier 2	QL (0.143 patches / 1 day)
COMBIPATCH DIS	Tier 2	QL (0.286 patches / 1 day)
<i>covaryx</i>	Tier 1	
<i>covaryx hs</i>	Tier 1	
DUAVEE TAB 0.45-20	Tier 3	QL (1 tab / 1 day)
<i>eemt</i>	Tier 1	
<i>eemt hs</i>	Tier 1	
<i>esterified estrogens &amp; methyltestosterone tab 1.25-2.5 mg</i>	Tier 1	
<i>esterified estrogens/meth</i>	Tier 1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Tier 1	QL (1 tab / 1 day)
<i>fyavolv</i>	Tier 1	
<i>fyavolv</i>	Tier 1	QL (1 tab / 1 day)
<i>jinteli</i>	Tier 1	QL (1 ea / 1 day)
<i>mimvey</i>	Tier 1	QL (1 tab / 1 day)
MYFEMBREE TAB	Tier 2	PA, QL (1 tab / 1 day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	QL (1 tab / 1 day)
ORIAHNN CAP	Tier 2	PA
PREFEST TAB	Tier 2	
PREMPHASE TAB	Tier 2	QL (1 tab / 1 day)
PREMPRO TAB	Tier 2	QL (1 tab / 1 day)
PREMPRO TAB 0.3-1.5	Tier 2	QL (1 tab / 1 day)
PREMPRO TAB 0.45-1.5	Tier 2	QL (1 tab / 1 day)
PREMPRO TAB 0.625-5	Tier 2	QL (1 tab / 1 day)

### **ESTROGENS**

ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	QL (8 patches / 30 days)
DIVIGEL GEL 1.25mg/1.25gm	Tier 3	QL (1.25 gm / 1 day)
DIVIGEL GEL 1mg/gm	Tier 3	QL (1 gm / 1 day)
DIVIGEL GEL .5mg/0.5gm	Tier 3	QL (1 packet / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIVIGEL GEL .25mg/0.25gm, .75mg/0.75gm	Tier 3	QL (1 ea / 1 day)
dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	QL (8 ea / 30 days)
ELESTRIN GEL .06%	Tier 3	QL (0.867 gm / 1 day)
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	QL (8 patches / 30 days)
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 1	QL (0.143 patches / 1 day)
estradiol tabs .5mg, 1mg, 2mg	Tier 1	
estradiol valerate oil 20mg/ml	Tier 1	
ESTROGEL GEL .06%	Tier 3	QL (3.333 gm / 1 day)
EVAMIST SOLN 1.53mg/spray	Tier 3	QL (8.1 mL / 30 days)
lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	QL (8 ea / 30 days)
MENEST TABS .3mg, .625mg, 1.25mg	Tier 2	
MENOSTAR PTWK 14mcg/24hr	Tier 2	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	Tier 2	

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

BAXDELA TABS 450mg	Tier 3	QL (2 ea / 1 day)
CIPRO SUSR 5gm/100ml	Tier 2	
CIPRO SUSR 500mg/5ml	Tier 3	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	Tier 1	
levofloxacin soln 25mg/ml	Tier 1	
levofloxacin tabs 250mg, 500mg	Tier 1	QL (30 tabs / 67 days)
levofloxacin tabs 750mg	Tier 1	QL (14 tabs / 30 days)
moxifloxacin hcl tabs 400mg	Tier 1	QL (1 tab / 1 day)

## **GASTROINTESTINAL AGENTS - MISC.**

### **BILE ACID SYNTHESIS DISORDER AGENTS**

CHOLBAM CAPS 50mg, 250mg	Tier 3	SP, PA
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### **FARNESOID X RECEPTOR (FXR) AGONISTS**

OCALIVA TABS 5mg, 10mg	Tier 3	SP, PA
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### **GALLSTONE SOLUBILIZING AGENTS**

ursodiol caps 300mg; tabs 250mg, 500mg	Tier 1	
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### **GASTROINTESTINAL ANTIALLERGY AGENTS**

cromolyn sodium (mastocytosis) conc 100mg/5ml	Tier 1	
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### **GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

lubiprostone caps 8mcg	Tier 1	
lubiprostone caps 24mcg	Tier 1	QL (2 caps / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml; tabs 5mg, 10mg</i>	Tier 1	
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
LIVMARLI SOLN 9.5mg/ml	Tier 3	SP, PA, QL (3 ml / 1 day)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<i>balsalazide disodium caps 750mg</i>	Tier 1	QL (9 caps / 1 day)
CIMZIA KIT 200mg, 200mg/ml	Tier 3	SP, MN-PA, QL (1 kit / 30 days)
CIMZIA STARTER KIT KIT 200mg/ml	Tier 3	SP, MN-PA, QL (1 kit / 30 days)
DIPENTUM CAPS 250mg	Tier 3	QL (4 caps / 1 day)
<i>mesalamine cp24 .375gm</i>	Tier 1	QL (4 caps / 1 day)
<i>mesalamine cpdr 400mg</i>	Tier 1	QL (12 caps / 1 day)
<i>mesalamine enem 4gm</i>	Tier 1	QL (120 mL / 1 day)
<i>mesalamine supp 1000mg</i>	Tier 1	QL (2 ea / 1 day)
<i>mesalamine tbec 1.2gm</i>	Tier 1	QL (4 tabs / 1 day)
<i>mesalamine tbec 800mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>mesalamine w/ cleanser kit 4gm</i>	Tier 1	
PENTASA CPR 250mg, 500mg	Tier 2	QL (8 caps / 1 day)
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	Tier 1	
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose soln 10gm/15ml</i>	Tier 1	QL (96 mL / 1 day)
<i>generlac soln 10gm/15ml</i>	Tier 1	QL (96 mL / 1 day)
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Tier 1	QL (96 mL / 1 day)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tabs .5mg, 1mg</i>	Tier 1	PA, QL (60 tabs / 1 day)
LINZESS CAPS 72mcg, 145mcg, 290mcg	Tier 2	QL (1 cap / 1 day)
VIBERZI TABS 75mg, 100mg	Tier 2	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TABS 12.5mg, 25mg	Tier 2	QL (1 tab / 1 day)
RELISTOR SOLN 8mg/0.4ml	Tier 3	QL (2.667 syringes / 1 day)
RELISTOR SOLN 12mg/0.6ml	Tier 3	QL (1.778 injections / 1 day)
RELISTOR SOLN 12mg/0.6ml	Tier 3	QL (1.778 syringes / 1 day)
RELISTOR TABS 150mg	Tier 3	QL (3 tabs / 1 day)
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TABS 210mg	Tier 3	ST, PA, QL (12 tabs / 1 day)
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium acetate (phosphate binder) tabs 667mg</i>	Tier 1	OTC
<i>calphron tabs 667mg</i>	Tier 1	OTC
FOSRENOL PACK 750mg, 1000mg	Tier 2	QL (90 packets / 30 days)
<i>lanthanum carbonate chew 500mg, 1000mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>lanthanum carbonate chew 750mg</i>	Tier 1	QL (5 tabs / 1 day)
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	Tier 1	
<i>sevelamer carbonate tabs 800mg</i>	Tier 1	QL (17.5 tabs / 1 day)
<i>sevelamer hcl tabs 400mg, 800mg</i>	Tier 1	QL (12 tabs / 1 day)
VELPHORO CHEW 500mg	Tier 3	ST, QL (6 tabs / 1 day)
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT 5mg	Tier 3	SP, PA, QL (1 kit / 1 day)
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TABS 250mg	Tier 3	SP, PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ACIDIFIERS</b>		
K-PHOS TAB NO 2	Tier 2	
<b>ALKALINIZERS</b>		
<i>cytra k crystals</i>	Tier 1	
ORACIT SOL	Tier 2	
<i>potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg</i>	Tier 1	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAPS 50mg, 150mg	Tier 2	SP
PROCYSBI CPDR 25mg, 75mg	Tier 3	SP, PA, QL (35 caps / 1 day)
PROCYSBI PACK 75mg, 300mg	Tier 3	SP, PA, QL (8 packets / 1 day)
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid soln .25%</i>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAPS 100mg	Tier 3	
RIMSO-50 SOLN 50%	Tier 2	
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tb24 10mg</i>	Tier 1	QL (1 tab / 1 day)
CARDURA XL TB24 4mg, 8mg	Tier 3	QL (1 tab / 1 day)
<i>dutasteride caps .5mg</i>	Tier 1	QL (1 cap / 1 day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>finasteride tabs 5mg</i>	Tier 1	QL (1 tab / 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamsulosin hcl caps .4mg</i>	Tier 1	QL (2 caps / 1 day)
<b>URINARY ANALGESICS</b>		
<i>phenazo tabs 200mg</i>	Tier 1	
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	Tier 1	
<b>URINARY STONE AGENTS</b>		
LITHOSTAT TABS 250mg	Tier 2	
THIOLA EC TBEC 100mg, 300mg	Tier 2	SP, PA
<i>tiopronin tabs 100mg</i>	Tier 1	SP, PA
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<b>GOUT AGENTS</b>		
<i>allopurinol tabs 100mg, 300mg</i>	Tier 1	
<i>colchicine caps .6mg</i>	Tier 1	QL (2 caps / 1 day)
<i>colchicine tabs .6mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>febuxostat tabs 40mg, 80mg</i>	Tier 1	QL (1 tab / 1 day)
<b>URICOSURICS</b>		
<i>probenecid tabs 500mg</i>	Tier 1	
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	Tier 3	SP, PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate soln 30mg/3ml</i>	Tier 1	SP
<i>sajazir soln 30mg/3ml</i>	Tier 1	SP
<b>COMPLEMENT INHIBITORS</b>		
HAEGARDA SOLR 2000unit, 3000unit	Tier 3	SP, PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tbc 400mg</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl caps .5mg, 1mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	QL (2 caps / 1 day)
BRILINTA TABS 60mg, 90mg	Tier 2	QL (2 tabs / 1 day)
<i>cilostazol tabs 50mg, 100mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate tabs 75mg</i>	Tier 1	QL (1.1 tabs / 1 day)
<i>clopidogrel bisulfate tabs 300mg</i>	Tier 1	QL (0.067 tabs / 1 day)
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Tier 1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	Tier 1	QL (1.167 tabs / 1 day)
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
<i>miglustat caps 100mg</i>	Tier 1	SP, QL (3 caps / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
DROXIA CAPS 200mg, 300mg, 400mg	Tier 2	
<b>COBALAMINS</b>		
cyanocobalamin soln 1000mcg/ml	Tier 1	
NASCOBAL SOLN 500mcg/0.1ml	Tier 3	PA, QL (4 ea / 25 days)
<b>FOLIC ACID/FOLATES</b>		
cvs folic acid tabs 800mcg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
fa-8 caps .8mg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
folate tabs 400mcg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
folic acid caps 800mcg; tabs 400mcg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
folic acid tabs 1mg	Tier 1	
kp folic acid tabs 1mg	Tier 1	OTC
sm folic acid tabs 400mcg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
yl folic acid tabs 400mcg	Tier 1	OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 500mcg/ml	Tier 3	SP, ST, PA
ARANESP ALBUMIN FREE SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml	Tier 3	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 3	SP, PA
LEUKINE SOLR 250mcg	Tier 3	SP, PA
MULPLETA TABS 3mg	Tier 3	SP, PA
NEULASTA SOSY 6mg/0.6ml	Tier 3	SP, QL (2 syringes / 1 day)
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	Tier 3	SP, QL (1.2 mL / 1 day)
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 3	SP, PA
PROMACTA PACK 25mg; TABS 75mg	Tier 3	SP, PA
PROMACTA TABS 12.5mg, 25mg, 50mg	Tier 3	SP, PA, QL (1 tab / 1 day)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	Tier 3	SP, PA
UDENYCA SOSY 6mg/0.6ml	Tier 3	SP, PA
ZARXIO SOSY 300mcg/0.5ml	Tier 3	SP, PA
ZARXIO SOSY 480mcg/0.8ml	Tier 3	SP, PA, QL (1.25 syringes / 1 day)

## **HEMOSTATICS**

### **HEMOSTATICS - SYSTEMIC**

<i>aminocaproic acid tabs 500mg, 1000mg</i>	Tier 1	
<i>tranexamic acid tabs 650mg</i>	Tier 1	QL (30 tabs / 30 days)

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS**

### **BARBITURATE HYPNOTICS**

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Tier 1	
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### **NON-BARBITURATE HYPNOTICS**

<i>estazolam tabs 1mg, 2mg</i>	Tier 1	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Tier 1	QL (1 tab / 1 day)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	Tier 1	QL (1 cap / 1 day)
<i>triazolam tabs .125mg, .25mg</i>	Tier 1	
<i>zaleplon caps 5mg, 10mg</i>	Tier 1	QL (1 cap / 1 day)
<i>zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg</i>	Tier 1	QL (1 tab / 1 day)

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

<i>ramelteon tabs 8mg</i>	Tier 1	QL (1 tab / 1 day)
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## **LAXATIVES**

### **LAXATIVE COMBINATIONS**

CLENPIQ SOL	Tier 2	\$0 copay for members age 50 through 74, Tier 3 for all others
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i>	Tier 1	
<i>gavilyte-n/flavor pack</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes/asc</i>	Tier 1	
SUPREP BOWEL SOL PREP KIT	Tier 2	

### **LAXATIVES - MISCELLANEOUS**

<i>constulose soln 10gm/15ml</i>	Tier 1	QL (96 mL / 1 day)
KRISTALOSE PACK 10gm	Tier 2	QL (2880 packets / 1 day)
KRISTALOSE PACK 20gm	Tier 2	QL (144 packets / 1 day)
LACTULOSE PACK 10gm	Tier 2	QL (2880 packets / 1 day)
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	Tier 1	QL (96 mL / 1 day)

### **SALINE LAXATIVES**

OSMOPREP TAB 1.5GM	Tier 2	
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### **MACROLIDES**

#### **AZITHROMYCIN**

<i>azithromycin pack 1gm</i>	Tier 3	QL (2 packets / 30 days)
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	Tier 1	
<i>azithromycin tabs 250mg, 500mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tabs 600mg</i>	Tier 1	QL (30 tabs / 30 days)

#### **CLARITHROMYCIN**

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	Tier 1	
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#### **ERYTHROMYCINS**

<i>e.e.s. 400 tabs 400mg</i>	Tier 1	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	Tier 2	
<i>erythrocin stearate tabs 250mg</i>	Tier 1	
<i>erythromycin base cpep 250mg</i>	Tier 1	
<i>erythromycin base tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Tier 2	
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	Tier 1	

#### **FIDAXOMICIN**

DIFICID SUSR 40mg/ml	Tier 3	PA, QL (13.7 mL / 1 day)
DIFICID TABS 200mg	Tier 3	PA, QL (0.667 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**MEDICAL DEVICES AND SUPPLIES**

**CONTRACEPTIVES**

CAYA DPR	Tier 3	QL (1 each / 300 days); \$0 copay
FC2 FEMALE MIS CONDOM	Tier 3	OTC; \$0 copay
FC FEMALE MIS CONDOM	Tier 3	OTC; \$0 copay
FEMCAP MIS 22MM	Tier 3	QL (1 each / 300 days); \$0 copay
FEMCAP MIS 26MM	Tier 3	QL (1 each / 300 days); \$0 copay
FEMCAP MIS 30MM	Tier 3	QL (1 each / 300 days); \$0 copay
OMNIFLEX DPR	Tier 3	QL (1 each / 300 days); \$0 copay
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Tier 3	QL (1 each / 300 days); \$0 copay

**DIABETIC SUPPLIES**

ACCU-CHEK LIQ SMART	Tier 2	OTC
ACCU-CHEK SOL COMPACT	Tier 2	OTC
DEXCOM G5 MIS RECEIVER	Tier 2	
DEXCOM G5 MIS TRANSMIT	Tier 2	
DEXCOM G6 MIS RECEIVER	Tier 2	
DEXCOM G6 MIS SENSOR	Tier 2	
DEXCOM G6 MIS TRANSMIT	Tier 2	
G4 PLAT PED MIS RVC/SHAR	Tier 2	
G4 PLATINUM MIS PEDIATRC	Tier 2	
G4 PLATINUM MIS RCV/SHAR	Tier 2	
G4 PLATINUM MIS RECEIVER	Tier 2	
G4 PLATINUM MIS TRANSMIT	Tier 2	
G4 SENSOR MIS	Tier 2	
G5/G4 MIS SENSOR	Tier 2	
LANCETS	Tier 2	QL (204 ea / 30 days), OTC
OMNIPOD KIT STARTER	Tier 2	QL (1 kit / 1 day)
OMNIPOD MIS 5 PACK	Tier 2	
V-GO 20 KIT	Tier 3	QL (0.033 kits / 1 day)
V-GO 30 KIT	Tier 3	QL (0.033 kits / 1 day)
V-GO 40 KIT	Tier 3	QL (0.033 kits / 1 day)

**PARENTERAL THERAPY SUPPLIES**

ARGYLE EXTEN MIS TUBE 20"	Tier 2	
ASSEMBLY MIS FIXTURE	Tier 2	
AUTOJECT 2 MIS	Tier 2	OTC
AUTOPEN MIS 1 UNIT	Tier 2	OTC
AUTOPEN MIS 1-21UNIT	Tier 2	OTC
AUTOPEN MIS 2 UNIT	Tier 2	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUTOPEN MIS 2-42UNIT	Tier 2	OTC
AV FISTULA MIS 15GX1"	Tier 2	OTC
AV FISTULA MIS 16GX1"	Tier 2	OTC
AV FISTULA MIS 17GX1"	Tier 2	OTC
BD LUER-LOK MIS ACCESS	Tier 2	OTC
BD PEN MINI MIS	Tier 2	OTC
BD PEN MIS	Tier 2	OTC
BD Q-STYLE MIS ACCESS	Tier 2	OTC
BD Q-STYLE MIS ADAPTER	Tier 2	OTC
BD Q-STYLE MIS EXTENSIO	Tier 2	OTC
BD SAF-T-INT KIT 18GX1"	Tier 2	OTC
BD SAFETY-LO MIS SET	Tier 2	OTC
BD SHARPS MIS 1.4QT	Tier 2	OTC
BD VACUTAIN MIS SET	Tier 2	OTC
BD YALE LNR MIS 26GX1/2"	Tier 2	OTC
BLOOD NEEDLE MIS HOLDER	Tier 2	OTC
BURETTE SET MIS 100ML	Tier 2	
CARPUJECT MIS HOLDER	Tier 2	OTC
CEQUR SIMPL KIT PATCH 2U	Tier 2	
CEQUR SIMPL KIT STARTER	Tier 2	
CLEAR GLASS MIS VIAL 5ML	Tier 2	
COMPL NEEDLE MIS COLL SYS	Tier 2	OTC
CONNECTOR MIS LUER LOC	Tier 2	
CONNECTOR MIS Y-SITE	Tier 2	
FILTER ASPIR MIS 18GX3"	Tier 2	
FILTER NEEDL MIS 18GX1.5"	Tier 2	
FILTER NEEDL MIS 20GX1.5"	Tier 2	
FLUID ADMINI MIS LG-BORE	Tier 2	OTC
HI-VOL PUMP MIS CHAM SET	Tier 2	OTC
I-PORT ADV MIS 6MM	Tier 2	
I-PORT ADV MIS 9MM	Tier 2	
INFUSION MIS ADAPTER	Tier 2	
INFUSION MIS CLAMP	Tier 2	
INFUSION SET MIS 19GX1"	Tier 2	OTC
INFUSION SET MIS 19GX3/4"	Tier 2	OTC
INFUSION SET MIS 20GX1"	Tier 2	OTC
INFUSION SET MIS 20GX1.5"	Tier 2	OTC
INFUSION SET MIS 20GX3/4"	Tier 2	OTC
INFUSION SET MIS 22GX1"	Tier 2	OTC
INFUSION SET MIS 22GX1.5"	Tier 2	OTC
INFUSION SET MIS 22GX3/4"	Tier 2	OTC
INJECT-EASE MIS	Tier 2	OTC
INJECTOR CAP MIS PHASEAL	Tier 2	
INJECTOR MIS LUER LOC	Tier 2	
INPEN 100EL MIS BLUE	Tier 2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INPEN 100EL MIS GRAY	Tier 2	
INPEN 100EL MIS PINK	Tier 2	
INPEN 100NN MIS BLUE	Tier 2	
INPEN 100NN MIS GREY	Tier 2	
INPEN 100NN MIS PINK	Tier 2	
INSUFロン MIS 25GX0.71	Tier 2	
INSULIN PEN NEEDLE	Tier 2	QL (4 each / 1 day)
INSULIN PEN NEEDLE	Tier 2	QL (4 each / 1 day), OTC
INSULIN SYRINGE	Tier 2	QL (4 each / 1 day)
INSULIN SYRINGE	Tier 2	QL (4 each / 1 day), OTC
INTRO NEEDLE MIS 18GX1.25	Tier 2	
IV ADMIN SET MIS 37"	Tier 2	
IV ADMIN SET MIS 73"	Tier 2	
IV ADMIN SET MIS 75"	Tier 2	
IV ADMIN SET MIS 78"	Tier 2	
IV ADMIN SET MIS 83"	Tier 2	
IV ADMIN SET MIS 84"	Tier 2	
IV ADMIN SET MIS 85"	Tier 2	
IV ADMIN SET MIS 89"	Tier 2	
IV ADMIN SET MIS 92"	Tier 2	
IV ADMIN SET MIS 100"	Tier 2	
IV ADMIN SET MIS 106"	Tier 2	
IV ADMIN SET MIS 112"	Tier 2	
IV BAG HANGR MIS PHASEAL	Tier 2	
IV CATHETER MIS 14GX2"	Tier 2	OTC
IV CATHETER MIS 16GX1.25	Tier 2	OTC
IV CATHETER MIS 16GX2"	Tier 2	OTC
IV CATHETER MIS 16GX2.5"	Tier 2	OTC
IV CATHETER MIS 18GX1.5"	Tier 2	OTC
IV CATHETER MIS 18GX1.25	Tier 2	OTC
IV CATHETER MIS 18GX2"	Tier 2	OTC
IV CATHETER MIS 20GX1"	Tier 2	OTC
IV CATHETER MIS 20GX1.25	Tier 2	OTC
IV CATHETER MIS 20GX2"	Tier 2	OTC
IV CATHETER MIS 22GX1"	Tier 2	OTC
IV CATHETER MIS 24GX3/4"	Tier 2	OTC
IV EXTENSION MIS 6"	Tier 2	
IV EXTENSION MIS 7"	Tier 2	
IV EXTENSION MIS 8"	Tier 2	
IV EXTENSION MIS 18"	Tier 2	
IV EXTENSION MIS 36"	Tier 2	
IV POLE MIS	Tier 2	OTC
IV TRANSFER MIS SPIKE	Tier 2	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
J-TIP KIT KIT ADAPTERS	Tier 2	
J-TIP NEEDLE MIS 0.5ML	Tier 2	OTC
KOKO PEAK MIS ADAPTER	Tier 2	OTC
KOKO PEAK MIS PRO 6	Tier 2	OTC
KOKO PEAK PR MIS SOFTWARE	Tier 2	OTC
LTXF 3-PORT MIS ADAPTER	Tier 2	OTC
LTXF PRIM IV MIS SET/MICR	Tier 2	OTC
LTXF PRM CNV MIS 106INC	Tier 2	OTC
LTXF SECONDA MIS 19G NDL	Tier 2	OTC
LUER HOLDER MIS REGULAR	Tier 2	OTC
MED PREP MIS CANNULA	Tier 2	
MONOJECT LS MIS CANN/BLN	Tier 2	
MONOJECT MIS TIP CAPS	Tier 2	OTC
MONOJECT SYR MIS BLUNTTIP	Tier 2	OTC
MONOJECT SYR MIS TIP CAPS	Tier 2	OTC
MULTI-DRAW MIS 20GX1"	Tier 2	
MULTI-DRAW MIS 21GX1"	Tier 2	
MULTI-DRAW MIS 22GX1"	Tier 2	
NEEDLE	Tier 2	
NEEDLE	Tier 2	OTC
NEEDLE TIP MIS 16GX1.5"	Tier 2	
NEEDLELESS MIS CONNECTO	Tier 2	
NEEDLELESS MIS PORT CON	Tier 2	
NERIA 29G MIS 6MM	Tier 2	OTC
NERIA 29G MIS 8MM	Tier 2	OTC
NERIA 29G MIS 10MM	Tier 2	OTC
NERIA MULTI MIS 2 X 10MM	Tier 2	OTC
NERIA MULTI MIS 3 X 10MM	Tier 2	OTC
NERIA MULTI MIS 4 X 12MM	Tier 2	OTC
NERIA SOFT MIS 25G-13MM	Tier 2	OTC
NERIA SOFT MIS 25G-17MM	Tier 2	OTC
NORDIPEN 5 MIS DEVICE	Tier 2	
NORDIPEN DEL MIS SYSTEM	Tier 2	OTC
NOVOPEN ECHO MIS	Tier 2	
OMNITROPE 5 MIS DEVICE	Tier 2	
OMNITROPE 5 MIS DEVICE	Tier 2	OTC
OMNITROPE 10 MIS DEVICE	Tier 2	OTC
PROTECTOR 14 MIS PHASEAL	Tier 2	
PROTECTOR 21 MIS PHASEAL	Tier 2	
PROTECTOR 28 MIS PHASEAL	Tier 2	
PROTECTOR 50 MIS PHASEAL	Tier 2	
SAF-T-INTIMA MIS 20GX1"	Tier 2	OTC
SAF-T-INTIMA MIS 22GX3/4"	Tier 2	OTC
SAF-T-INTIMA MIS 24GX3/4"	Tier 2	OTC
SCALP VEIN MIS 19GX3/4"	Tier 2	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SCALP VEIN MIS 20GX3/4"	Tier 2	OTC
SCALP VEIN MIS 21GX3/4"	Tier 2	OTC
SCALP VEIN MIS 22GX3/4"	Tier 2	OTC
SCALP VEIN MIS 23GX3/4"	Tier 2	OTC
SCALP VEIN MIS 24GX3/4"	Tier 2	OTC
SCALP VEIN MIS 25GX3/4"	Tier 2	OTC
SCALP VEIN MIS 27GX3/4"	Tier 2	OTC
SEALS BOTTLE MIS /VIALS	Tier 2	OTC
SECONDARY MIS SET/DRIP	Tier 2	
SHARP CONTAI MIS	Tier 2	
SHARPS CONT MIS 1QUART	Tier 2	OTC
SHARPS CONT MIS 2QUART	Tier 2	OTC
SHARPS CONT MIS 5GAL	Tier 2	OTC
SHARPS CONT MIS 14QT	Tier 2	
SHARPS CONT MIS HOME	Tier 2	OTC
SHARPS DISP MIS 1 GALLON	Tier 2	OTC
SHARPS DISP MIS 1 QUART	Tier 2	OTC
SHARPS DISP MIS 2 GALLON	Tier 2	OTC
SHARPS DISP MIS 3 GALLON	Tier 2	OTC
SIMPLICITY MIS INSERTER	Tier 2	
SMALL VIAL MIS ADAPTER	Tier 2	OTC
SMARTIP SYR MIS /CANNULA	Tier 2	
SOLUTION DEV MIS TRANSFER	Tier 2	OTC
SPINAL NEEDL MIS 18GX3.5"	Tier 2	OTC
SPINAL NEEDL MIS 20GX3.5"	Tier 2	OTC
SPINAL NEEDL MIS 22GX3.5"	Tier 2	OTC
SPINAL NEEDL MIS 25GX3.5"	Tier 2	OTC
STERI-TAMP MIS 13MM	Tier 2	OTC
STERI-TAMP MIS 20MM	Tier 2	OTC
STERI-TAMP MIS 28MM	Tier 2	OTC
STERI-TAMP MIS SEAL/BAG	Tier 2	OTC
STERI-TAMP MIS SEAL/SYG	Tier 2	OTC
STERIL EMPTY MIS VIAL10ML	Tier 2	OTC
STERIL EMPTY MIS VIAL30ML	Tier 2	OTC
STERILE VIAL MIS EMPTY	Tier 2	OTC
SYR FILTER MIS 65MM	Tier 2	
SYR FILTER MIS 90MM	Tier 2	
SYR/FILT/MEM MIS TITAN3	Tier 2	
SYRINGE	Tier 2	
SYRINGE	Tier 2	OTC
SYRINGE BARR MIS LUER10ML	Tier 2	OTC
SYRINGE BARR MIS LUER 1ML	Tier 2	OTC
SYRINGE BARR MIS LUER 3ML	Tier 2	OTC
SYRINGE BARR MIS LUER 5ML	Tier 2	OTC
SYRINGE BARR MIS UNI 3ML	Tier 2	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYRINGE BARR MIS UNI 5ML	Tier 2	OTC
SYRINGE BARR MIS UNI 10ML	Tier 2	OTC
SYRINGE FILT MIS 25MM	Tier 2	
SYRINGE FILT MIS 25MM	Tier 2	OTC
SYRINGE FILT MIS 32MM	Tier 2	
SYRINGE FILT MIS 33MM	Tier 2	
SYRINGE FLTR MIS 32MM	Tier 2	
SYRINGE TRAY MIS PHASEAL	Tier 2	
SYRINGE/NEEDLE	Tier 2	
SYRINGE/NEEDLE	Tier 2	OTC
1ML TB SYRNG MIS LUER SLP	Tier 2	
TENDER 1 KIT INFUSION	Tier 2	
UNIV SYR TIP MIS ADAPTOR	Tier 2	OTC
UNIVERSAL MIS ADAPTER	Tier 2	OTC
VACUUM FILTR MIS 0.20UM	Tier 2	
VIAL ACCESS MIS CANN 6ML	Tier 2	
VIAL STOPPER MIS 13MM	Tier 2	

### **RESPIRATORY THERAPY SUPPLIES**

AERCHMBR PLS MIS FLOW-VU	Tier 2	QL (1 box / year)
AERCHMBR PLS MIS LRG MASK	Tier 2	QL (1 box / year)
AERCHMBR PLS MIS MED MASK	Tier 2	QL (1 box / year)
AERCHMBR PLS MIS SM MASK	Tier 2	QL (1 box / year)
AERCHMBR Z- MIS STAT PLS	Tier 2	QL (1 box / year)
AEROCHAMBER MIS CHAMBER	Tier 2	QL (1 each / year)
AEROCHAMBER MIS FLOSIGNA	Tier 2	QL (1 box / year)
AEROCHAMBER MIS MV	Tier 2	QL (1 box / year)
AEROCHAMBER MIS PLUS	Tier 2	QL (1 box / year)
AEROVENT MIS PLUS	Tier 2	QL (1 each / year)
BREATHE EASE MIS LG MASK	Tier 2	QL (1 each / year)
BREATHE EASE MIS MED MASK	Tier 2	QL (1 each / year)
BREATHE EASE MIS SM MASK	Tier 2	QL (1 each / year)
COMPACT SPAC MIS CHAMBER	Tier 2	QL (1 each / year)
COMPACT SPAC MIS LG MASK	Tier 2	QL (1 each / year)
COMPACT SPAC MIS MD MASK	Tier 2	QL (1 each / year)
COMPACT SPAC MIS SM MASK	Tier 2	QL (1 each / year)
EASIVENT MIS	Tier 2	QL (1 box / year)
EASIVENT MIS MASK LG	Tier 2	QL (1 box / year)
EASIVENT MIS MASK MED	Tier 2	QL (1 box / year)
EASIVENT MIS MASK SM	Tier 2	QL (1 box / year)
FLEXICHAMBER MIS	Tier 2	QL (1 each / year)
HOLD CHAMBER MIS ADLT LG	Tier 2	QL (1 each / year)
HOLD CHAMBER MIS ADLT LG	Tier 2	QL (1 each / year), OTC
HOLD CHAMBER MIS MEDIUM	Tier 2	QL (1 each / year)
HOLD CHAMBER MIS MEDIUM	Tier 2	QL (1 each / year), OTC
HOLD CHAMBER MIS SMALL	Tier 2	QL (1 each / year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HOLD CHAMBER MIS SMALL	Tier 2	QL (1 each / year), OTC
INSPIRACHAMB MIS LARGE	Tier 2	QL (1 each / year)
INSPIRACHAMB MIS MEDIUM	Tier 2	QL (1 each / year)
INSPIRACHAMB MIS MOUTHPC	Tier 2	QL (1 each / year)
INSPIRACHAMB MIS SMALL	Tier 2	QL (1 each / year)
INSPIREASE MIS DD SYST	Tier 2	QL (1 box / year)
MICROCHAMBER MIS	Tier 2	QL (1 each / year)
OPTICHAMBER MIS DIA LG	Tier 2	QL (1 each / year)
OPTICHAMBER MIS DIA MD	Tier 2	QL (1 box / year)
OPTICHAMBER MIS DIA SM	Tier 2	QL (1 box / year)
OPTICHAMBER MIS DIAMOND	Tier 2	QL (1 box / year)
POCKET CHAMB MIS	Tier 2	QL (1 each / year)
POCKET SPACE MIS	Tier 2	QL (1 each / year)
PROCARE MIS ADULT	Tier 2	QL (1 each / year), OTC
PROCARE MIS CHILD	Tier 2	QL (1 each / year), OTC
RITEFLO MIS	Tier 2	QL (1 each / year)
SPACE CHAMBR MIS ANTI-STA	Tier 2	QL (1 each / year), OTC
SPACE CHAMBR MIS LARGE	Tier 2	QL (1 each / year), OTC
SPACE CHAMBR MIS MEDIUM	Tier 2	QL (1 each / year), OTC
SPACE CHAMBR MIS SMALL	Tier 2	QL (1 each / year), OTC
SPACER CHAMB MIS ADULT	Tier 2	QL (1 box / year), OTC
SPACER CHAMB MIS CHILD	Tier 2	QL (1 box / year), OTC
SPACER CHAMB MIS INFANT	Tier 2	QL (1 each / year), OTC
VORTEX VALVE MIS CHAMBER	Tier 2	QL (1 each / year)
VORTEX/MASK MIS CHILDS	Tier 2	

## **MIGRAINE PRODUCTS**

### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	Tier 3	PA
EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml	Tier 3	PA
NURTEC TBDP 75mg	Tier 2	ST, PA, QL (48 tabs / 75 days)
UBRELVY TABS 50mg, 100mg	Tier 2	ST, PA, QL (48 tabs / 75 days)

### **MIGRAINE COMBINATIONS**

<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	
<i>migergot</i>	Tier 1	QL (0.667 supp / 1 day)

### **MIGRAINE PRODUCTS**

<i>dihydroergotamine mesylate soln 1mg/ml</i>	Tier 1	PA, QL (6 ampules / 1 day)
ERGOMAR SUBL 2mg	Tier 2	

### **MIGRAINE PRODUCTS - NSAIDS**

CAMBIA PACK 50mg	Tier 3	QL (9 packets / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	Tier 1	QL (0.2 ea / 1 day)
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	Tier 1	QL (0.2 tabs / 1 day)
<i>eletriptan hydrobromide tabs 20mg</i>	Tier 1	QL (6 ea / 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	Tier 1	QL (0.2 ea / 1 day)
<i>frovatriptan succinate tabs 2.5mg</i>	Tier 1	QL (0.3 tabs / 1 day)
<i>naratriptan hcl tabs 1mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	Tier 1	QL (0.3 ea / 1 day)
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	Tier 1	QL (0.4 ea / 1 day)
<i>rizatriptan benzoate tbdp 5mg, 10mg</i>	Tier 1	QL (0.4 tabs / 1 day)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Tier 2	QL (0.2 inhalers / 1 day)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	Tier 1	PA, QL (0.4 injections / 1 day)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	Tier 1	QL (0.3 tabs / 1 day)
<i>zolmitriptan soln 2.5mg</i>	Tier 1	
<i>zolmitriptan soln 5mg</i>	Tier 1	QL (180 ea / 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Tier 1	QL (0.2 tabs / 1 day)

## **MINERALS & ELECTROLYTES**

### **FLUORIDE**

<i>fluoritab soln .125mg/drop</i>	Tier 1	\$0 applies for ages 5 and under, otherwise not covered
<i>nafrinse drops soln .125mg/drop</i>	Tier 1	\$0 applies for ages 5 and under, otherwise not covered
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	Tier 1	\$0 applies for ages 5 and under, otherwise not covered

### **PHOSPHATE**

<i>K-PHOS TABS 500mg</i>	Tier 2	
<i>phospha 250 neutral</i>	Tier 1	
<i>phospho-trin 250 neutral</i>	Tier 1	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Tier 1	
<i>virt-phos 250 neutral</i>	Tier 1	

### **POTASSIUM**

<i>effer-k tbeq 25meq</i>	Tier 1	
<i>EFFER-K TAB 10MEQ</i>	Tier 3	
<i>EFFER-K TAB 20MEQ</i>	Tier 3	
<i>k-prime tbeq 25meq</i>	Tier 1	
<i>klor-con pack 20meq</i>	Tier 1	
<i>klor-con 8 tbc 8meq</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>klor-con 10 tbc</i> 10meq	Tier 1	
<i>klor-con m10 tbc</i> 10meq	Tier 1	
<i>klor-con m15 tbc</i> 15meq	Tier 1	
<i>klor-con m20 tbc</i> 20meq	Tier 1	
<i>klor-con/ef tbc</i> 25meq	Tier 1	
<i>potassium chloride cpcr</i> 8meq, 10meq; <i>pack</i> 20meq; <i>soln</i> 10%, 20%; <i>tbc</i> 8meq, <i>10meq, 20meq</i>	Tier 1	
<i>potassium chloride microencapsulated</i> <i>crystals er tbc</i> 10meq, 15meq, 20meq	Tier 1	

## **ZINC**

GALZIN CAPS 25mg, 50mg	Tier 2	
WILZIN CAPS 25mg	Tier 2	

## **MISCELLANEOUS THERAPEUTIC CLASSES**

### **CHELATING AGENTS**

<i>trientine hcl caps</i> 250mg	Tier 1	SP, PA
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### **IMMUNOMODULATORS**

REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 25mg	Tier 3	SP, PA, QL (1 cap / 1 day)
REVLIMID CAPS 20mg	Tier 3	SP, PA, QL (0.75 caps / 1 day)
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	Tier 2	SP

### **IMMUNOSUPPRESSIVE AGENTS**

ASTAGRAF XL CP24 1mg	Tier 3	SP, QL (4 caps / 1 day)
ASTAGRAF XL CP24 .5mg, 5mg	Tier 3	SP, QL (3 caps / 1 day)
<i>azasan tabs</i> 75mg, 100mg	Tier 1	
<i>azathioprine tabs</i> 50mg, 75mg, 100mg	Tier 1	
<i>cyclosporine caps</i> 25mg, 100mg	Tier 1	SP
<i>cyclosporine modified (for microemulsion)</i> <i>caps</i> 25mg, 50mg, 100mg; <i>soln</i> 100mg/ml	Tier 1	SP
ENVARUSUS XR TB24 1mg	Tier 3	SP, QL (4 tabs / 1 day)
ENVARUSUS XR TB24 .75mg, 4mg	Tier 3	SP, QL (3 tabs / 1 day)
<i>everolimus (immunosuppressant) tabs</i> <i>.25mg, .5mg, .75mg</i>	Tier 1	SP, QL (2 tabs / 1 day)
<i>engraf caps</i> 25mg, 100mg; <i>soln</i> <i>100mg/ml</i>	Tier 1	SP
<i>mycophenolate mofetil caps</i> 250mg; <i>sus</i> <i>200mg/ml; tabs</i> 500mg	Tier 1	SP
<i>mycophenolate sodium tbc</i> 180mg, <i>360mg</i>	Tier 1	SP
SANDIMMUNE SOLN 100mg/ml	Tier 3	SP
<i>sirolimus soln</i> 1mg/ml; <i>tabs</i> .5mg, 1mg, <i>2mg</i>	Tier 1	SP
<i>tacrolimus caps</i> .5mg, 1mg, 5mg	Tier 1	SP

Drug Name	Drug Tier	Requirements/Limits
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>*sodium polystyrene sulfonate powder**</i>	Tier 1	QL (16 gm / 1 day)
<i>sps susp 15gm/60ml</i>	Tier 1	QL (16 mL / 1 day)
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	Tier 2	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl (mouth-throat) soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troc 10mg</i>	Tier 1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Tier 1	
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	Tier 1	QL (32 mL / 1 day)
<i>perigard soln .12%</i>	Tier 1	QL (32 mL / 1 day)
<b>DENTAL PRODUCTS</b>		
<i>denta 5000 plus crea 1.1%</i>	Tier 1	
<i>sf 5000 plus crea 1.1%</i>	Tier 1	
<i>sodium fluoride 5000 plus crea 1.1%</i>	Tier 1	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	Tier 1	
<i>sodium fluoride (dental) crea 1.1%</i>	Tier 1	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dental paste pste .1%</i>	Tier 1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
AQUORAL SPR	Tier 3	QL (4 mL / 1 day)
<i>cevimeline hcl caps 30mg</i>	Tier 1	QL (3 caps / 1 day)
EPISIL LIQ	Tier 3	PA, QL (1.333 mL / 1 day)
MUGARD LIQ	Tier 3	SP, PA, QL (4 mL / 1 day)
NUMOISYN LIQ	Tier 3	QL (4 mL / 1 day)
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	Tier 1	
<b>MULTIVITAMINS</b>		
<b>PRENATAL VITAMINS</b>		
ATABEX EC TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
ATABEX OB TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
C-NATE DHA CAP 28-1-200	Tier 3	QL (30 caps / 30 days)
CITRANATAL CAP HARMONY	Tier 3	QL (1 cap / 1 day)
CITRANATAL CAP MEDLEY	Tier 3	QL (1 cap / 1 day)
CITRANATAL MIS	Tier 3	QL (2 boxes / 1 day)
CITRANATAL MIS 90 DHA	Tier 3	QL (2 boxes / 1 day)
CITRANATAL MIS B-CALM	Tier 3	QL (3 boxes / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CITRANATAL PAK ASSURE	Tier 3	QL (2 boxes / 1 day)
CITRANATAL PAK DHA	Tier 3	QL (2 boxes / 1 day)
CITRANATAL TAB BLOOM	Tier 3	
CITRANATAL TAB RX	Tier 3	QL (1 tab / 1 day)
CO-NATAL FA TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
COMPLETE NAT PAK DHA	Tier 3	QL (2 boxes / 1 day)
COMPLETENATE CHW	Tier 3	QL (1 tab / 1 day)
CONCEPT DHA CAP	Tier 3	QL (1 cap / 1 day)
CONCEPT OB CAP	Tier 3	QL (1 cap / 1 day)
DUET DHA 400 MIS 25-1-400	Tier 3	QL (2 boxes / 1 day)
DUET DHA MIS BALANCED	Tier 3	QL (2 boxes / 1 day)
<i>elite-ob</i>	Tier 3	QL (1 tab / 1 day)
ENBRACE HR CAP	Tier 3	QL (30 caps / 30 days)
FOLIVANE-OB CAP	Tier 3	QL (1 cap / 1 day)
<i>inatal gt</i>	Tier 3	QL (1 tab / 1 day)
JENLIVA CAP	Tier 3	QL (1 cap / 1 day)
KOSHR PRENAT TAB 30-1MG	Tier 3	QL (1 tab / 1 day)
M-NATAL PLUS TAB	Tier 3	QL (1 tab / 1 day)
NATACHEW CHW	Tier 3	QL (1 tab / 1 day)
NATALVIT TAB 75-1MG	Tier 3	QL (1 tab / 1 day)
NEEVO DHA CAP 27-1.13	Tier 3	QL (1 cap / 1 day)
NEONATAL PLS TAB 27-1MG	Tier 3	QL (1 tab / 1 day)
NEONATAL TAB COMPLTE	Tier 3	QL (1 tab / 1 day)
NEONATAL TAB PLUS	Tier 3	QL (1 tab / 1 day)
NESTABS DHA PAK	Tier 3	QL (2 boxes / 1 day)
NESTABS TAB	Tier 3	QL (2 tabs / 1 day)
NIVA-PLUS TAB	Tier 3	QL (1 tab / 1 day)
OB COMPLETE CAP ONE	Tier 3	QL (1 cap / 1 day)
OB COMPLETE CAP PETITE	Tier 3	QL (1 cap / 1 day)
OB COMPLETE TAB	Tier 3	QL (1 tab / 1 day)
OB COMPLETE TAB PREMIER	Tier 3	QL (1 tab / 1 day)
OB COMPLETE/ CAP DHA	Tier 3	QL (1 cap / 1 day)
OBSTETRIX EC TAB	Tier 3	QL (1 tab / 1 day)
OBSTETRIX PAK DHA	Tier 3	QL (2 boxes / 1 day)
OBSTETRXX ONE CAP 38-1-225	Tier 3	QL (1 cap / 1 day)
ONE VITE TAB 1MG PLUS	Tier 3	QL (1 tab / 1 day)
PNV TABS TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
<i>pnv-dha</i>	Tier 3	QL (1 cap / 1 day)
PNV-DHA CAP DOCUSATE	Tier 3	QL (30 caps / 30 days)
PNV-OMEGA CAP	Tier 3	QL (30 caps / 30 days)
<i>pnv-select</i>	Tier 3	QL (30 tabs / 30 days)
PREMESISRXX TAB	Tier 3	QL (1 tab / 1 day)
PRENA1 CHW	Tier 3	QL (30 ea / 30 days)
PRENA1 PEARL CAP	Tier 3	QL (1 ea / 1 day)
PRENA 1 TRUE MIS	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENAISSANCE CAP	Tier 3	QL (30 caps / 30 days)
PRENAISSANCE CAP PLUS	Tier 3	QL (60 caps / 30 days)
<i>prenatabs rx</i>	Tier 3	QL (1 tab / 1 day)
<i>prenatal 19</i>	Tier 3	QL (1 tab / 1 day)
PRENATAL 19 CHW 29-1MG	Tier 3	QL (1 tab / 1 day)
PRENATAL 19 TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
PRENATAL TAB 27-1MG	Tier 3	QL (1 tab / 1 day)
PRENATAL VIT TAB LOW IRON	Tier 3	QL (1 tab / 1 day)
PRENATAL-U CAP 106.5-1	Tier 3	QL (1 cap / 1 day)
PRENATE AM TAB 1MG	Tier 3	QL (1 tab / 1 day)
PRENATE CAP ENHANCE	Tier 3	QL (1 cap / 1 day)
PRENATE CAP ESSENT	Tier 3	QL (1 cap / 1 day)
PRENATE CAP PIXIE	Tier 3	QL (1 cap / 1 day)
PRENATE CAP RESTORE	Tier 3	QL (1 cap / 1 day)
PRENATE CHW 0.6-0.4	Tier 3	QL (1 tab / 1 day)
PRENATE DHA CAP	Tier 3	QL (1 cap / 1 day)
PRENATE MINI CAP	Tier 3	QL (1 cap / 1 day)
PRENATE TAB ELITE	Tier 3	QL (1 tab / 1 day)
PRENATRIX TAB	Tier 3	QL (1 tab / 1 day)
PRENATRYL TAB	Tier 3	QL (1 tab / 1 day)
PREPLUS TAB 27-1MG	Tier 3	QL (1 tab / 1 day)
PRIMACARE CAP	Tier 3	QL (1 cap / 1 day)
PROVIDA OB CAP	Tier 3	QL (1 cap / 1 day)
REDICHEW RX CHW	Tier 3	QL (30 ea / 30 days)
RELNATE DHA CAP	Tier 3	QL (60 caps / 30 days)
SE-NATAL 19 CHW	Tier 3	QL (1 tab / 1 day)
SE-NATAL 19 TAB	Tier 3	QL (1 tab / 1 day)
SELECT-OB CHW	Tier 3	QL (30 tabs / 30 days)
SELECT-OB CHW	Tier 3	QL (60 tabs / 30 days)
SELECT-OB+ PAK DHA	Tier 3	QL (2 boxes / 1 day)
TARON-C DHA CAP	Tier 3	QL (1 cap / 1 day)
TARON-PREX CAP	Tier 3	QL (1 cap / 1 day)
THRIVITE RX TAB 29-1MG	Tier 3	QL (1 tab / 1 day)
TRICARE TAB PRENATAL	Tier 3	QL (1 tab / 1 day)
TRINATAL RX TAB 1	Tier 3	QL (1 tab / 1 day)
<i>trinate</i>	Tier 3	QL (1 tab / 1 day)
TRISTART DHA CAP	Tier 3	QL (1 cap / 1 day)
VINATE II TAB	Tier 3	QL (1 tab / 1 day)
VINATE ONE TAB	Tier 3	QL (1 tab / 1 day)
VIRT-C DHA CAP	Tier 3	QL (1 cap / 1 day)
VIRT-NATE CAP DHA	Tier 3	QL (1 cap / 1 day)
VIRT-PN DHA CAP	Tier 3	QL (1 cap / 1 day)
VIRT-PN PLUS CAP	Tier 3	QL (60 caps / 30 days)
VITAFOL CAP ULTRA	Tier 3	QL (1 cap / 1 day)
VITAFOL CHW GUMMIES	Tier 3	QL (3 tabs / 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITAFOL-NANO TAB	Tier 3	QL (1 tab / 1 day)
VITAFOL-OB PAK +DHA	Tier 3	QL (2 boxes / 1 day)
VITAFOL-OB TAB 65-1MG	Tier 3	QL (1 tab / 1 day)
VITAFOL-ONE CAP	Tier 3	QL (30 caps / 30 days)
VITAMEDMD CAP ONE RX	Tier 3	QL (60 caps / 30 days)
VITAPEARL CAP	Tier 3	QL (1 ea / 1 day)
VITATHELY TAB	Tier 3	QL (1 tab / 1 day)
VITATRUE MIS	Tier 3	
VIVA DHA CAP	Tier 3	QL (60 caps / 30 days)
VP-PNV-DHA CAP	Tier 3	QL (1 cap / 1 day)
WESCAP-C DHA CAP	Tier 3	QL (1 cap / 1 day)
WESCAP-PN CAP DHA	Tier 3	QL (1 cap / 1 day)
WESNATE DHA CAP	Tier 3	QL (1 cap / 1 day)
WESTAB PLUS TAB 27-1MG	Tier 3	QL (1 tab / 1 day)
WESTGEL DHA CAP	Tier 3	QL (1 cap / 1 day)
ZATEAN-PN CAP DHA	Tier 3	QL (1 cap / 1 day)
ZATEAN-PN CAP PLUS	Tier 3	QL (30 caps / 30 days)

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

<i>baclofen tabs 5mg, 10mg, 20mg</i>	Tier 1	
<i>carisoprodol tabs 350mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>chlorzoxazone tabs 500mg</i>	Tier 1	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>fexmid tabs 7.5mg</i>	Tier 1	QL (3 tabs / 1 day)
<i>metaxalone tabs 800mg</i>	Tier 1	QL (4 tabs / 1 day)
<i>methocarbamol tabs 500mg, 750mg</i>	Tier 1	
<i>orphenadrine citrate tb12 100mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>tizanidine hcl caps 2mg, 4mg, 6mg; tabs 2mg, 4mg</i>	Tier 1	
<i>vanadom tabs 350mg</i>	Tier 1	QL (4 tabs / 1 day)

### **DIRECT MUSCLE RELAXANTS**

<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	Tier 1	
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### **MUSCLE RELAXANT COMBINATIONS**

<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	Tier 1	QL (4 tabs / 1 day)
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## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL AGENT COMBINATIONS**

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	QL (0.043 bottles / 1 day)
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### **NASAL ANTIALLERGY**

<i>azelastine hcl soln .15%, 137mcg/spray</i>	Tier 1	QL (0.033 bottles / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	Tier 1	QL (0.867 mL / 1 day), OTC
<i>olopatadine hcl (nasal) soln .6%</i>	Tier 1	QL (0.033 bottles / 1 day)

### **NASAL ANTICHOLINERGICS**

<i>ipratropium bromide (nasal) soln .03%</i>	Tier 1	QL (1 mL / 1 day)
<i>ipratropium bromide (nasal) soln .06%</i>	Tier 1	QL (0.5 mL / 1 day)

### **NASAL STEROIDS**

BECONASE AQ SUSP 42mcg/spray	Tier 3	QL (0.033 inhalers / 1 day)
<i>flunisolide (nasal) soln .025%</i>	Tier 1	QL (0.033 bottles / 1 day)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Tier 1	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) susp 50mcg/act</i>	Tier 1	QL (1.133 gm / 1 day)
OMNARIS SUSP 50mcg/act	Tier 3	QL (0.033 inhalers / 1 day)
QNASL AERS 80mcg/act	Tier 3	QL (0.034 inhalers / 1 day)
QNASL CHILDRENS AERS 40mcg/act	Tier 3	ST, QL (1 inhaler / 30 days)
ZETONNA AERS 37mcg/act	Tier 3	QL (0.033 inhalers / 1 day)

### **NEUROMUSCULAR AGENTS**

#### **ALS AGENTS**

<i>riluzole tabs 50mg</i>	Tier 1	QL (2 tabs / 1 day)
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#### **SPINAL MUSCULAR ATROPHY AGENTS (SMA)**

EVRYSDI SOLR .75mg/ml	Tier 3	SP, PA
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### **OPHTHALMIC AGENTS**

#### **BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl (ophth) soln .5%</i>	Tier 1	QL (10 mL / 30 days)
BETIMOL SOLN .25%, .5%	Tier 2	QL (10 mL / 30 days)
BETOPTIC-S SUSP .25%	Tier 2	QL (10 mL / 30 days)
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	QL (0.34 mL / 1 day)
<i>carteolol hcl (ophth) soln 1%</i>	Tier 1	QL (10 mL / 30 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	Tier 1	QL (60 ea / 30 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>levobunolol hcl soln .5%</i>	Tier 1	QL (10 mL / 30 days)
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Tier 1	QL (10 mL / 30 days)
<i>timolol maleate in ocudos soln .5%</i>	Tier 1	QL (60 ea / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIMOPTIC OCUDOSE SOLN .25%	Tier 3	QL (60 ea / 30 days)
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin soln 10%</i>	Tier 1	
<i>atropine sulfate (ophthalmic) soln 1%</i>	Tier 1	QL (15 mL / 30 days)
CYCLOMYDRIL SOL OP	Tier 3	QL (2 mL / 30 days)
<i>homatropaire soln 5%</i>	Tier 1	QL (15 mL / 30 days)
ISOPTO ATROPINE SOLN 1%	Tier 3	QL (15 mL / 30 days)
<i>phenylephrine hcl (mydriatic) soln 10%</i>	Tier 1	
<b>MIOTICS</b>		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	Tier 1	QL (15 mL / 30 days)
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOLN .1%	Tier 2	QL (10 mL / 30 days)
<i>brimonidine tartrate soln .2%</i>	Tier 1	
<i>brimonidine tartrate soln .15%</i>	Tier 1	QL (10 mL / 30 days)
SIMBRINZA SUS 1-0.2%	Tier 2	QL (0.54 mL / 1 day)
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
<i>ak-poly-bac</i>	Tier 1	QL (4 gm / 30 days)
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Tier 1	QL (4 gm / 30 days)
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	QL (4 gm / 30 days)
BESIVANCE SUSP .6%	Tier 3	QL (5 mL / 30 days)
CILOXAN OINT .3%	Tier 2	QL (4 gm / 30 days)
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Tier 1	QL (5 mL / 30 days)
<i>erythromycin (ophth) oint 5mg/gm</i>	Tier 1	QL (4 gm / 30 days)
<i>gatifloxacin (ophth) soln .5%</i>	Tier 1	QL (3 mL / 30 days)
<i>gentak oint .3%</i>	Tier 1	QL (4 gm / 30 days)
<i>gentamicin sulfate (ophth) soln .3%</i>	Tier 1	QL (15 mL / 30 days)
<i>levofloxacin (ophth) soln .5%</i>	Tier 1	QL (10 mL / 30 days)
<i>moxifloxacin hcl (ophth) soln .5%</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUSP 5%	Tier 3	QL (15 mL / 30 days)
<i>neo-polycin</i>	Tier 1	QL (4 gm / 30 days)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	QL (4 gm / 30 days)
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>ofloxacin (ophth) soln .3%</i>	Tier 1	QL (10 mL / 30 days)
<i>polycin</i>	Tier 1	QL (4 gm / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium (ophth) soln 10%</i>	Tier 1	
<i>tobramycin (ophth) soln .3%</i>	Tier 1	QL (10 mL / 30 days)
TOBREX OINT .3%	Tier 3	QL (4 gm / 30 days)
<i>trifluridine soln 1%</i>	Tier 1	QL (8 mL / 30 days)
ZIRGAN GEL .15%	Tier 3	QL (5 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<i>cyclosporine (ophth) emul .05%</i>	Tier 1	QL (2 single use vials / 1 day)
RESTASIS EMUL .05%	Tier 2	QL (2 single use vials / 1 day)
RESTASIS MULTIDOSE EMUL .05%	Tier 2	QL (0.184 mL / 1 day)
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN GEL 3.5%	Tier 3	QL (5 mL / 30 days)
<i>altacaine soln .5%</i>	Tier 1	
<i>proparacaine hcl soln .5%</i>	Tier 1	QL (15 mL / 30 days)
<i>tetracaine hcl (ophth) soln .5%</i>	Tier 1	
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE SOLN .002%	Tier 3	SP, PA
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUSP .2%	Tier 3	QL (5 mL / 30 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	QL (4 gm / 30 days)
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Tier 1	
<i>difluprednate emul .05%</i>	Tier 1	QL (10 mL / 30 days)
FLAREX SUSP .1%	Tier 3	QL (0.34 mL / 1 day)
<i>fluorometholone (ophth) susp .1%</i>	Tier 1	QL (10 mL / 30 days)
FML OINT .1%	Tier 2	QL (4 gm / 30 days)
FML FORTE SUSP .25%	Tier 3	QL (10 mL / 30 days)
LOTEMAX OINT .5%	Tier 3	QL (4 gm / 30 days)
<i>loteprednol etabonate gel .5%</i>	Tier 1	QL (5 gm / 30 days)
<i>loteprednol etabonate susp .5%</i>	Tier 1	QL (5 mL / 30 days)
MAXIDEX SUSP .1%	Tier 3	
<i>neo-polycin hc</i>	Tier 1	QL (4 gm / 30 days)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1	
PRED MILD SUSP .12%	Tier 2	QL (0.34 mL / 1 day)
<i>prednisolone acetate (ophth) susp 1%</i>	Tier 1	
PREDNISOLONE ACETATE P-F SUSP 1%	Tier 3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	QL (15 mL / 30 days)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	QL (15 mL / 30 days)
TOBRADEX OIN 0.3-0.1%	Tier 2	QL (4 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OPHTHALMICS - MISC.</b>		
<i>alaway soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
<i>alaway childrens allergy soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
ALOCRIL SOLN 2%	Tier 2	QL (15 mL / 30 days)
ALOMIDE SOLN .1%	Tier 2	QL (10 mL / 30 days)
<i>azelastine hcl (ophth) soln .05%</i>	Tier 1	QL (6 mL / 30 days)
<i>bepotastine besilate soln 1.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>brinzolamide susp 1%</i>	Tier 1	QL (10 mL / 30 days)
<i>bromfenac sodium (ophth) soln .09%</i>	Tier 1	QL (5 mL / 30 days)
<i>claritin eye soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
<i>cromolyn sodium (ophth) soln 4%</i>	Tier 1	QL (10 mL / 30 days)
<i>cvs allergy eye drops soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
<i>cvs eye itch relief soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
CYSTARAN SOLN .44%	Tier 2	SP, PA, QL (60 mL / 30 days)
<i>diclofenac sodium (ophth) soln .1%</i>	Tier 1	QL (0.34 mL / 1 day)
<i>dorzolamide hcl soln 2%</i>	Tier 1	QL (10 mL / 30 days)
DORZOLAMIDE HCL SOLN 2%	Tier 3	QL (10 mL / 30 days)
<i>epinastine hcl (ophth) soln .05%</i>	Tier 1	QL (5 mL / 30 days)
<i>eye itch relief soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
<i>flurbiprofen sodium soln .03%</i>	Tier 1	QL (3 mL / 30 days)
ILEVRO SUSP .3%	Tier 3	QL (2 mL / 30 days)
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	Tier 1	QL (5 mL / 30 days)
<i>ketotifen fumarate (ophth) soln .025%</i>	Tier 1	QL (10 mL / 30 days), OTC
NEVANAC SUSP .1%	Tier 2	
<i>olopatadine hcl soln .1%, .2%</i>	Tier 1	QL (10 mL / 30 days)
PROLENSA SOLN .07%	Tier 3	QL (3 mL / 30 days)
<b>PROSTAGLANDINS - OPTHALMIC</b>		
<i>bimatoprost soln .03%</i>	Tier 1	QL (5 mL / 30 days)
<i>latanoprost soln .005%</i>	Tier 1	QL (2.5 mL / 30 days)
<i>latanoprost soln .005%</i>	Tier 1	QL (5 mL / 30 days)
LUMIGAN SOLN .01%	Tier 2	QL (3 mL / 30 days)
<i>travoprost soln .004%</i>	Tier 1	QL (0.2 mL / 1 day)
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid (otic) soln 2%</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl (otic) soln .2%</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin (otic) soln .3%</i>	Tier 1	QL (20 mL / 30 days)
<b>OTIC COMBINATIONS</b>		
CIPRO HC SUS OTIC	Tier 2	QL (10 mL / 30 days)
CIPRO/FLUOC DRO PF	Tier 3	QL (14 ea / 30 days)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	QL (8 mL / 30 days)
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Tier 1	QL (14 ea / 30 days)
<i>cortic-nd</i>	Tier 1	
CORTISPORIN SUS -TC OTIC	Tier 2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTOVEL DRO	Tier 3	QL (14 ea / 30 days)
PRAMOTIC DRO 1-0.1%	Tier 3	QL (10 mL / 30 days)
<b>OTIC STEROIDS</b>		
<i>flac oil .01%</i>	Tier 1	
<i>fluocinolone acetonide (otic) oil .01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methergine tabs .2mg</i>	Tier 1	
<i>methylergonovine maleate tabs .2mg</i>	Tier 1	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	Tier 3	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 3	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 3	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 3	SP, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	Tier 3	SP, PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ 2.5-200	Tier 3	SP, PA
HYQVIA INJ 5-400	Tier 3	SP, PA
HYQVIA INJ 10-800	Tier 3	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYQVIA INJ 20-1600	Tier 3	SP, PA
HYQVIA INJ 30-2400	Tier 3	SP, PA

## **PENICILLINS**

### **AMINOPENICILLINS**

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Tier 1	
<i>ampicillin caps 500mg</i>	Tier 1	

### **NATURAL PENICILLINS**

<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Tier 1	
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### **PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	QL (42 tabs / 30 days)

### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium caps 250mg, 500mg</i>	Tier 1	
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## **PROGESTINS**

### **PROGESTINS**

<i>MAKENA SOAJ 275mg/1.1ml</i>	Tier 3	SP, PA
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Tier 1	QL (5 mL / 1 day)
<i>norethindrone acetate tabs 5mg</i>	Tier 1	
<i>progesterone caps 100mg, 200mg</i>	Tier 1	

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tbec 333mg</i>	Tier 1	
<i>disulfiram tabs 250mg, 500mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOLN 500mg/ml	Tier 2	SP, PA, QL (240 mL / 1 day)
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	Tier 1	QL (1 tab / 1 day)
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	Tier 1	QL (1 ea / 1 day)
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg</i>	Tier 1	QL (1 cap / 1 day)
<i>galantamine hydrobromide soln 4mg/ml</i>	Tier 1	QL (20 mL / 1 day)
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	Tier 1	QL (1 cap / 1 day)
<i>memantine hcl soln 2mg/ml, 10mg/5ml</i>	Tier 1	QL (2 mL / 1 day)
<i>memantine hcl tabs 5mg, 10mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / 28 days)
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Tier 1	QL (1 patch / 1 day)
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Tier 1	QL (2 caps / 1 day)
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Tier 1	QL (1 cap / 1 day)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 2	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 2	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 2	
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Tier 2	QL (2 tabs / 1 day)
SAVELLA MIS TITR PAK	Tier 2	QL (55 tabs / 28 days)
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
AUSTEDO TABS 6mg, 9mg, 12mg	Tier 3	SP, PA
tetrabenazine tabs 12.5mg	Tier 1	SP, PA, QL (6 tabs / 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine tabs 25mg</i>	Tier 1	SP, PA, QL (3 tabs / 1 day)

### **MULTIPLE SCLEROSIS AGENTS**

AUBAGIO TABS 7mg, 14mg	Tier 3	SP, PA, QL (1 tab / 1 day)
AVONEX PSKT 30mcg/0.5ml	Tier 3	SP, PA, QL (0.04 ml / 1 day)
AVONEX PEN AJKT 30mcg/0.5ml	Tier 3	SP, PA, QL (0.04 ml / 1 day)
BETASERON KIT .3mg	Tier 3	SP, PA, QL (15 injections / 30 days)
COPAXONE SOSY 20mg/ml	Tier 3	SP, PA, QL (1 injection / 1 day)
COPAXONE SOSY 40mg/ml	Tier 3	SP, PA, QL (12 injections / 28 days)
<i>dalfampridine tb12 10mg</i>	Tier 1	SP, PA, QL (2 tabs / 1 day)
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	Tier 1	SP, PA, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 1	SP, PA, QL (0.033 kits / 1 day)
GILENYA CAPS .5mg	Tier 3	SP, PA, QL (1 cap / 1 day)
KESIMPTA SOAJ 20mg/0.4ml	Tier 3	SP, PA, QL (0.015 ml / 1 day)
MAVENCLAD TBPK 10mg	Tier 3	SP, PA, QL (20 tabs / 270 days)
MAYZENT TABS 2mg	Tier 3	SP, PA, QL (1 tab / 1 day)
MAYZENT TABS .25mg	Tier 3	SP, PA, QL (4 tabs / 1 day)
MAYZENT STARTER PACK TBPK .25mg	Tier 3	SP, PA, QL (12 tabs / 5 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	Tier 3	SP, PA, QL (12 injections / 30 days)
REBIF REBIDO INJ TITRATN	Tier 3	SP, PA, QL (4.2 mL / 30 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	Tier 3	SP, PA, QL (12 injections / 30 days)
REBIF TITRTN INJ PACK	Tier 3	SP, PA, QL (4.2 mL / 30 days)
ZEPOSIA CAPS .92mg	Tier 3	SP, PA, QL (1 cap / 1 day)
ZEPOSIA 7DAY CAP STR PACK	Tier 3	SP, PA, QL (1 cap / 1 day)
ZEPOSIA CAP STR KIT	Tier 3	SP, PA, QL (1 cap / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PSEUDOBLBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	Tier 3	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>pimozide tabs 1mg, 2mg</i>	Tier 1	
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Tier 1	\$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	Tier 1	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	Tier 1	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine transdermal patch pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Tier 1	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	Tier 3	\$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml	Tier 3	\$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	Tier 3	\$0 limited to 2 treatment cycles/year
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	Tier 3	SP, PA
ORKAMBI TAB 100-125	Tier 3	SP, PA, QL (4 tabs / 1 day)
ORKAMBI TAB 200-125	Tier 3	SP, PA, QL (4 tabs / 1 day)
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	SP, QL (2.5 mL / 1 day)
SYMDEKO TAB 50-75MG	Tier 3	SP, PA
SYMDEKO TAB 100-150	Tier 3	SP, PA
TRIKAFTA TAB	Tier 3	SP, PA, QL (3 tabs / 1 day)
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAPS 267mg; TABS 267mg, 801mg	Tier 3	SP, PA
OFEV CAPS 100mg, 150mg	Tier 3	SP, PA
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
<i>sulfadiazine tabs 500mg</i>	Tier 1	
<b>TETRACYCLINES</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA TABS 150mg	Tier 3	
<b>TETRACYCLINES</b>		
<i>avidoxy tabs 100mg</i>	Tier 1	
<i>coremino tb24 45mg, 90mg, 135mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>demeclocycline hcl tabs 150mg, 300mg</i>	Tier 1	
<i>doxycycline (monohydrate) caps 50mg, 150mg</i>	Tier 1	QL (1 cap / 1 day)
<i>doxycycline (monohydrate) caps 75mg, 100mg; susr 25mg/5ml; tabs 100mg</i>	Tier 1	
<i>doxycycline (monohydrate) tabs 50mg, 150mg</i>	Tier 1	QL (1 tab / 1 day)
<i>doxycycline (monohydrate) tabs 75mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg; tbec 75mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>lymepak tabs 100mg</i>	Tier 1	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	Tier 1	QL (2 caps / 1 day)
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>minocycline hcl tb24 45mg, 90mg, 135mg</i>	Tier 1	
<i>mondoxylene nl caps 100mg</i>	Tier 1	
<i>tetracycline hcl caps 250mg, 500mg</i>	Tier 1	
VIBRAMYCIN SYRP 50mg/5ml	Tier 3	

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

<i>methimazole tabs 5mg, 10mg</i>	Tier 1	
<i>propylthiouracil tabs 50mg</i>	Tier 1	

### **THYROID HORMONES**

ARMOUR THYROID TABS 180mg, 240mg, 300mg	Tier 2	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Tier 1	
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 1	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Tier 1	
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATURE-THROID TABS 16.25mg, 32.5mg, 48.75mg, 65mg, 81.25mg, 97.5mg, 113.75mg, 130mg, 146.25mg, 195mg, 260mg, 325mg	Tier 2	
NATURE-THROID NT-2.5 TABS 162.5mg	Tier 2	
<i>np thyroid 15 tabs 15mg</i>	Tier 1	
<i>np thyroid 30 tabs 30mg</i>	Tier 1	
<i>np thyroid 60 tabs 60mg</i>	Tier 1	
<i>np thyroid 90 tabs 90mg</i>	Tier 1	
<i>np thyroid 120 tabs 120mg</i>	Tier 1	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Tier 1	
WESTHROID TABS 32.5mg, 65mg, 97.5mg, 130mg, 195mg	Tier 2	
WP THYROID TABS 16.25mg, 32.5mg, 48.75mg, 65mg, 81.25mg, 97.5mg, 113.75mg, 130mg	Tier 2	

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	Tier 1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Tier 1	
<i>ed-spaz tbdp .125mg</i>	Tier 1	
<i>glycopyrrolate soln 1mg/5ml; tabs 1mg, 2mg</i>	Tier 1	
<i>hyoscyamine sulfate elix .125mg/5ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Tier 1	
<i>hyosyne elix .125mg/5ml</i>	Tier 1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	Tier 1	
<i>nulev tbdp .125mg</i>	Tier 1	
<i>oscimin subl .125mg; tabs .125mg</i>	Tier 1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i>	Tier 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i>	Tier 1	
<i>phenohydro</i>	Tier 1	

### **H-2 ANTAGONISTS**

<i>acid controller maximum s tabs 20mg</i>	Tier 1	OTC
<i>acid reducer maximum stre tabs 20mg</i>	Tier 1	OTC
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cvs acid controller maxim tabs 20mg</i>	Tier 1	OTC
<i>eq famotidine maximum str tabs 20mg</i>	Tier 1	OTC
<i>eq heartburn prevention/ tabs 20mg</i>	Tier 1	OTC
<i>famotidine susr 40mg/5ml</i>	Tier 1	QL (5 mL / 1 day)
<i>famotidine tabs 20mg, 40mg</i>	Tier 1	
<i>famotidine maximum streng tabs 20mg</i>	Tier 1	OTC
<i>mm acid-pep maximum stren tabs 20mg</i>	Tier 1	OTC
<i>mm famotidine tabs 20mg</i>	Tier 1	OTC
<i>nizatidine caps 150mg</i>	Tier 1	QL (2 caps / 1 day)
<i>nizatidine caps 300mg</i>	Tier 1	QL (1 cap / 1 day)
<i>nizatidine soln 15mg/ml</i>	Tier 1	QL (16 mL / 1 day)
<i>zantac 360 maximum streng tabs 20mg</i>	Tier 1	OTC

### **MISC. ANTI-ULCER**

<i>sucralfate susp 1gm/10ml</i>	Tier 1	QL (40 mL / 1 day)
<i>sucralfate tabs 1gm</i>	Tier 1	QL (4 tabs / 1 day)

### **PROTON PUMP INHIBITORS**

<i>acid reducer tbec 20mg</i>	Tier 1	QL (2 tabs / 1 day), OTC
<i>cvs omeprazole tbec 20mg</i>	Tier 1	QL (2 tabs / 1 day), OTC
<i>dexlansoprazole cpdr 30mg, 60mg</i>	Tier 1	QL (1 cap / 1 day)
<i>eq esomeprazole magnesium cpdr 20mg</i>	Tier 1	QL (2 caps / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg</i>	Tier 1	QL (2 caps / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	Tier 1	QL (2 caps / 1 day)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	Tier 1	QL (2 packets / 1 day)
<i>lansoprazole cpdr 15mg</i>	Tier 1	QL (2 caps / 1 day)
<i>lansoprazole cpdr 15mg</i>	Tier 1	QL (2 caps / 1 day), OTC
<i>lansoprazole cpdr 30mg</i>	Tier 1	QL (60 caps / 1 day)
<i>lansoprazole tbdd 15mg, 30mg</i>	Tier 1	QL (2 ea / 1 day)
<i>NEXIUM PACK 2.5mg, 5mg</i>	Tier 1	QL (2 packets / 1 day)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Tier 1	QL (2 caps / 1 day)
<i>omeprazole tbec 20mg</i>	Tier 1	QL (2 tabs / 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	Tier 1	QL (2 tabs / 1 day), OTC
<i>pantoprazole sodium pack 40mg</i>	Tier 1	QL (2 packets / 1 day)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>pantoprazole sodium tbec 40mg</i>	Tier 1	QL (2 ea / 1 day)
<i>PRILOSEC PACK 2.5mg, 10mg</i>	Tier 3	QL (2 packets / 1 day)
<i>qc esomeprazole magnesium cpdr 20mg</i>	Tier 1	QL (2 caps / 1 day), OTC
<i>rabeprazole sodium tbec 20mg</i>	Tier 1	QL (2 tabs / 1 day)
<i>RABEPRAZOLE SODIUM DR SPR CPSP 10mg</i>	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<i>misoprostol tabs 100mcg, 200mcg</i>	Tier 1	QL (4 tabs / 1 day)
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 1	QL (14 ea / 30 days)
<i>cvs omeprazole/sodium bic</i>	Tier 1	QL (2 caps / 1 day), OTC
PYLERA CAP	Tier 3	QL (120 caps / 30 days)
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	Tier 1	QL (1 tab / 1 day)
<i>oxybutynin chloride syrps 5mg/5ml</i>	Tier 1	QL (16 mL / 1 day)
<i>oxybutynin chloride tabs 5mg</i>	Tier 1	QL (16 tabs / 1 day)
<i>oxybutynin chloride tb24 5mg, 10mg, 15mg</i>	Tier 1	QL (1 tab / 1 day)
OXYTROL PTTW 3.9mg/24hr	Tier 3	
<i>solifenacin succinate tabs 5mg, 10mg</i>	Tier 1	QL (1 tab / 1 day)
<i>tolterodine tartrate cp24 2mg, 4mg</i>	Tier 1	QL (1 cap / 1 day)
<i>tolterodine tartrate tabs 1mg, 2mg</i>	Tier 1	QL (2 tabs / 1 day)
TOVIAZ TB24 4mg, 8mg	Tier 3	QL (1 tab / 1 day)
<i>trospium chloride cp24 60mg</i>	Tier 1	QL (1 cap / 1 day)
<i>trospium chloride tabs 20mg</i>	Tier 1	QL (2 tabs / 1 day)
VESICARE LS SUSP 5mg/5ml	Tier 3	
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
MYRBETRIQ SRER 8mg/ml	Tier 2	QL (10 mL / 1 day)
MYRBETRIQ TB24 25mg, 50mg	Tier 2	QL (1 tab / 1 day)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Tier 1	
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tabs 100mg</i>	Tier 1	QL (8 tabs / 1 day)
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
FEM PH GEL	Tier 2	
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN SUPP 100mg	Tier 3	QL (0.2 supp / 1 day)
<i>clindamycin phosphate vaginal crea 2%</i>	Tier 1	
GYNAZOLE-1 CREA 2%	Tier 2	
<i>metronidazole vaginal gel .75%</i>	Tier 1	QL (70 gm / 30 days)
NUVESSA GEL 1.3%	Tier 2	QL (2 gm / 30 days)
<i>terconazole vaginal crea .4%</i>	Tier 1	QL (3 gm / 1 day)
<i>terconazole vaginal crea .8%</i>	Tier 1	QL (40 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terconazole vaginal supp 80mg</i>	Tier 1	QL (6 supp / 30 days)
<i>vandazole gel .75%</i>	Tier 1	QL (70 gm / 30 days)
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal crea .1mg/gm</i>	Tier 1	
<i>estradiol vaginal tabs 10mcg</i>	Tier 1	QL (0.6 ea / 1 day)
ESTRING RING 2mg	Tier 2	QL (0.012 rings / 1 day)
FEMRING RING .05mg/24hr, .1mg/24hr	Tier 3	QL (0.012 rings / 1 day)
PREMARIN CREA .625mg/gm	Tier 2	QL (3 gm / 1 day)
<i>yuvafem tabs 10mcg</i>	Tier 1	QL (0.6 tabs / 1 day)
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL 4%, 8%	Tier 3	PA
ENDOMETRIN INST 100mg	Tier 3	PA, QL (2 ea / 1 day)
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	Tier 1	QL (5 pens / year)
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Tier 1	QL (2.5 pens / year)
<b>VASOPRESSORS</b>		
<i>midodrine hcl tabs 2.5mg, 5mg</i>	Tier 1	QL (6 tabs / 1 day)
<i>midodrine hcl tabs 10mg</i>	Tier 1	QL (3 tabs / 1 day)
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	Tier 1	
<i>phytonadione tabs 5mg</i>	Tier 1	
<b>WATER SOLUBLE VITAMINS</b>		
<i>endur-acin tbc 250mg</i>	Tier 1	OTC
<i>niacin tbc 250mg</i>	Tier 1	OTC
<i>sm niacin cr tbc 250mg</i>	Tier 1	OTC

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<i>sodium citrate &amp; citric acid soln 500-</i>		STERI-TAMP MIS SEAL/BAG .....	99
<i>334 mg/5ml</i> .....	90	STERI-TAMP MIS SEAL/SYG .....	99
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<i>sulfamethoxazole-trimethoprim susp</i>		SYRINGE FLTR MIS 32MM .....	100
<i>200-40 mg/5ml</i> .....	27	SYRINGE TRAY MIS PHASEAL .....	100
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<i>400-80 mg</i> .....	27	SYRINGE/NEEDLE .....	100
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